


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000003754 1. Entity Name BIP INVESTMENT SERVICES INC	
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Principal Place of Business 10850 SW 136 TER MIAMI, FL 33176	Mailing Address 10850 SW 136 TER MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0640597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREIRO, BLANCA I
 10850 SW 136 TER
 MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U000000948986
 05/07/08 08010 004 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

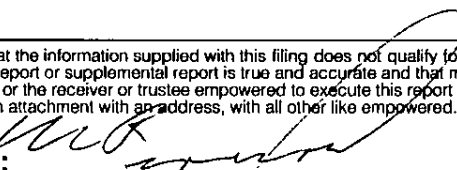
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREIRO, BLANCA I 10850 SW 136TH TER MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S PEREIRO, VICENTE 10850 SW 136TH TER MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5/08 305-371-3427
Date Daytime Phone #

J. PEREIRO