

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90028 003 ***150.00

DOCUMENT # P96000048507

1. Entity Name
B.I.B. CONSULTANTS, INC.



Principal Place of Business
7041 GRAND NAT'L DR
228
ORLANDO, FL 32819 US

Mailing Address
7041 GRAND NAT'L DR
228
ORLANDO, FL 32819 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052004 Chg-P CR2E034 (10/03)

City & State

Zip Country

4. FEI Number
65-0672356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILLAN, DANIEL R
7041 GRAND NATIONAL AVE
STE 228
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BLANCHET, EDUARDO M.	
STREET ADDRESS	8013 RIDGE WAY	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIRA, SILVIA E.	
STREET ADDRESS	8013 RIDGE WAY	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUILLAN, SILVIA H	
STREET ADDRESS	8403 RAMBLING RIVER DR	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	V	<input type="checkbox"/> Delete
NAME	GULLIAN, DANIEL R	
STREET ADDRESS	8403 RAMBLING RIVER DR.	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLAN, SILVIA M.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLAN, DANIEL R.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daniel R. Guillan

1/5/04

Date

(407) 248-8222

Daytime Phone #