## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000025678

Title:

Name:

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**VPD** 

( ) Delete

MARKLAND, ROBERT

JACKSONVILLE, FL 32241

P.O. BOX 24668

Hit Name: BY CROURS ASSOCIATES

FILED Apr 08, 2004 Secretary of State

Entity Name: B.V. GROUP & ASSOCIATES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6501 ARLINGTON EXPRESSWAY B-102 JACKSONVILLE, FL 32211 **New Mailing Address: Current Mailing Address:** P O BOX 24668 JACKSONVILLE, FL 32241 FEI Number: 59-3499267 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERNANDEZ, MEREDITH A 3617 CROWN PT. RD. SUITE 2 JAX, FL 32257 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition VALBUENA, GUILLERMO Name: Name: P.O. BOX 24668 Address: Address: City-St-Zip: JACKSONVILLE, FL 32241 City-St-Zip: Title: VTD Title: () Delete () Change () Addition Name: VALBUENA, JULIAN Name: P.O. BOX 24668 Address: Address: JACKSONVILLE, FL 32241 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition VALBUENA, SHIRLEY Name: Name: P.O. BOX 24668 Address: Address: City-St-Zip: JACKSONVILLE, FL 32241 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JULIAN VALBUENA VTD 04/08/2004

() Change () Addition