2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025678

MARKLAND, ROBERT

JACKSONVILLE, FL 32241

P.O. BOX 24668

Name:

Address:

City-St-Zip:

Entity Name: B.V. GROUP & ASSOCIATES, INC.

FILED Apr 26, 2005 Secretary of State

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 HERNANDEZ, MEREDITH A 3617 CROWŃ POINT ROAD 3617 CROWN PT. RD. SUITE 2 SUITE 2 JAX, FL 32257 US JAX, FL 32257 US 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: MEREDITH ALLEN HERNANDEZ 04/26/2005 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: Title: **VPD** () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JULIAN VALBUENA VT 04/26/2005