

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90303 018 ***158.75

DOCUMENT # P98000039303					
1. Entity Name B C A INTERNATIONAL INC.					
Principal Place of Business 1550 BRICKELL AVE. 304 A MIAMI, FL 33124			Mailing Address 1550 BRICKELL AVE. 304 A MIAMI, FL 33124		
2. Principal Place of Business 1550 BRICKELL AVE.		3. Mailing Address 1550 BRICKELL AVE			
Suite, Apt. #, etc. 313 A		Suite, Apt. #, etc. 313 A			
04202005 Chg-P CR2E034 (10/03)					
City & State Miami, FL 33129		City & State Miami - Florida		4. FEI Number 65-0858321	
Zip 33129		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AURELIO A. PIEDRA 180 NW LE JEUNE RD. #516 MIAMI, FL 33126				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERTOLERO, ANGELA <input checked="" type="checkbox"/> Delete 1550 BRICKELL AVE. #304 A MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERTOLERO, ANGELA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 BRICKELL AVE # 313 A MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENZAKI, BERNARD <input checked="" type="checkbox"/> Delete 1550 BRICKELL AVE. #304 A MIAMI, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENZAKI, BERNARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1550 BRICKELL AVE # 313 A MIAMI, FL 33129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			20 04 2005 305 858 2580		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		