

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 024 ***150.00



DOCUMENT # P99000055964
 1. Entity Name
B.C.T. MANAGEMENT, INC.

Principal Place of Business 8511 N.W. 8TH STREET APT 111 MIAMI FL 33126	Mailing Address 8511 N.W. 8TH STREET APT 111 MIAMI FL 33126
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2. Principal Place of Business 1200 NW 78 AVENUE	3. Mailing Address 1200 NW 78 AVENUE
Suite, Apt. #, etc. 215	Suite, Apt. #, etc. 215

1st MOORE CR2E034 (10/04)

City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 65-0928739	Applied For Not Applicable
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Zip 33126	Country USA	Zip 33126	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAMEJO, MARIA A
8511 N.W. 8TH STREET
APT 111
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 *Maria A Camejo*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD	NAME BUSTAMANTE, MORELLA	<input type="checkbox"/> Delete
STREET ADDRESS 8511 N.W. 8TH STREET	CITY-ST-ZIP MIAMI FL 33126	
TITLE SD	NAME TEVAR, ELSA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8511 N.W. 8TH STREET	CITY-ST-ZIP MIAMI FL 33126	
TITLE TD	NAME CANESO, MARIA A	<input type="checkbox"/> Delete
STREET ADDRESS 8511 N.W. 8TH STREET	CITY-ST-ZIP MIAMI FL 33126	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME BUSTAMANTE, MORELLA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1200 NW 78' AVE. # 215	CITY-ST-ZIP MIAMI, FL 33126	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE STD	NAME CAMEJO, MARIA A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1200 NW 78 AVE. #215	CITY-ST-ZIP MIAMI, FL 33126	
TITLE D	NAME GUADALUPE, TANIAMARIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1200 NW 78' AVE. # 215	CITY-ST-ZIP MIAMI, FL 33126	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Maria A Camejo* **04/20/05 (305) 262-1123**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #