


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90011 029 ***150.00

DOCUMENT # P99000055964 1. Entity Name B.C.T. MANAGEMENT, INC.					
Principal Place of Business 1200 NW 78 AVE, #215 MIAMI, FL 33126			Mailing Address 1200 NW 78 AVE, #215 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0928739	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 State: 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: <i>Maria A Camejo</i> <small>Signature, typed or printed name of registered agent and is applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUSTAMANTE, MORELLA <input type="checkbox"/> Delete 1200 NW 78 AVE, #215 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CAMEJO, MARIA A <input type="checkbox"/> Delete 1200 NW 78 AVE, #215 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUADALUPE, TANIAMARIA <input type="checkbox"/> Delete 1200 NW 78 AVE, #215 MIAMI, FL 33126				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TD CAMEJO, MARIA A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 NW 78 AVE, #215 MIAMI, FL 33126					
SD GUADALUPE TANIAMARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 NW 78 AVE, #215 MIAMI, FL 33126					
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"/> Change <input type="checkbox"/> Addition					
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 exemptions contained in Chapter 119, 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: <i>Maria A Camejo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <i>01/25/06 (305) 262-1123</i> Daytime Phone #					