

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 025 ***150.00

DOCUMENT # P99000075400	
1. Entity Name BUSINESS SUPPORT & CONSULTING GROUP, INC.	



Principal Place of Business 7758 NW 44TH STREET SUNRISE, FL 33351	Mailing Address 7758 NW 44TH STREET SUNRISE, FL 33351
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20014376

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02052005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0941118		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PESTANO, ANTOLIN JR. 7758 NW 44TH STREET SUNRISE, FL 33351		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PESTANO, ANTOLIN JR.			NAME	MARTINEZ, Giselle		
STREET ADDRESS	7758 NW 44TH STREET			STREET ADDRESS	7758 NW 44 STREET		
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	SUNRISE FL 33351		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VICE PRES.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FINKEL, JUDITH			NAME	William Marcello		
STREET ADDRESS	7758 NW 44 ST			STREET ADDRESS	7758 NW 44 STREET		
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	SUNRISE FL 33351		
TITLE		<input type="checkbox"/> Delete		TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Yvette PESTANO		
STREET ADDRESS				STREET ADDRESS	7758 NW 44 ST		
CITY-ST-ZIP				CITY-ST-ZIP	SUNRISE FL 33351		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Antolin PESTANO Jr. DATE: 2/14/05 954/ 578-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #