
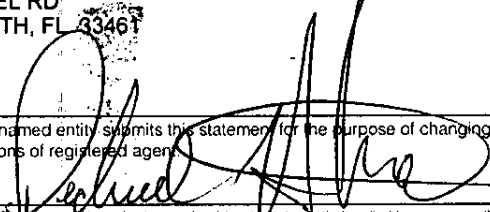
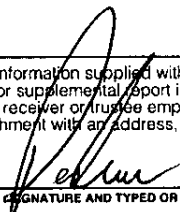


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 050 ***150.00

DOCUMENT # P99000090236 1. Entity Name BUSINESS SERVICE GIRON CORP.					
Principal Place of Business 3534 CAMEL RD LAKEWORTH, FL 33461			Mailing Address PO BOX 17712 WEST PALM BEACH, FL 33416		
2. Principal Place of Business 1959 monks court Suite, Apt. #, etc.		3. Mailing Address 1959 monks ct Suite, Apt. #, etc.			
City & State WEST Palm Beach Zip 33415		City & State WEST PALM BEACH Zip 33415		4. FEI Number 65-0970355	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABREN, PEDRO 3534 CAMEL RD LAKEWORTH, FL 33461				7. Name and Address of New Registered Agent Name Abreu Pedro J Street Address (P.O. Box Number is Not Acceptable) 1959 monks ct City West Palm Beach FL Zip Code 33415	
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  DATE 01/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME ABREU, PEDRO STREET ADDRESS 3534 CAMEL RD CITY-ST-ZIP LAKEWORTH, FL 33461	<input type="checkbox"/> Delete		TITLE VP NAME Abreu, Pedro J STREET ADDRESS 1959 monks ct CITY-ST-ZIP WPB FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ABREU, ANNA P STREET ADDRESS 3534 CAMEL RD CITY-ST-ZIP LAKEWORTH, FL 33461	<input type="checkbox"/> Delete		TITLE 3 NAME Abreu, Ana P STREET ADDRESS 1959 monks ct CITY-ST-ZIP WPB FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ABREU, JOHN M STREET ADDRESS 3534 CAMEL RD CITY-ST-ZIP LAKEWORTH, FL 33461	<input type="checkbox"/> Delete		TITLE T NAME Abreu, Juan M STREET ADDRESS 1959 monks ct CITY-ST-ZIP WPB FL 33415	<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: 			Date 5/29/04 Daytime Phone # (561) 966-4039		