



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90330 027 \*\*\*150.00

|   |                            |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
|---|----------------------------|--|-----|---------------------------------|------|----------------|--|----------------|-----------------|--|-------------|----------------------------|--|--|--|-------|--------------------------|--|------|---------------------|--|----------------|-------|--|-------------|--|--|
| <b>DOCUMENT # P99000096097</b><br>1. Entity Name<br>BNS CONSULTING, INC.  |                            |   |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| Principal Place of Business<br>1407 BELMONT LA<br>POMPANO BEACH, FL 33068 US  |                            | Mailing Address<br>1407 BELMONT LA<br>POMPANO BEACH, FL 33068 US   |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| 2. Principal Place of Business<br>3134 NORTH JOG ROAD<br>Suite, Apt. #, etc.<br>1105<br>City & State<br>WEST PALM BEACH FL<br>Zip<br>33411<br>Country<br>U.S.A  |                            | 3. Mailing Address<br>SAME<br>Suite, Apt. #, etc.<br>SAME<br>City & State<br>SAME<br>Zip<br>SAME<br>Country<br>SAME              |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
|   |                            | <b>50037924</b><br>                            |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
|   |                            | 04142005 Chg-P CR2E034 (10/03)   |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
|   |                            | 4. FEI Number<br>65-0961292<br>Applied For<br><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<br>SYROP, JERRY M<br>1407 BELMONT LANE<br>NORTH LAUDERDALE, FL 33068<br>3134 N. JOG RD. #1105<br>WEST PALM BEACH, FL<br>33411   |                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                            |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                            | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                      |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PSD</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SYROP, BARBARA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1407 BELMONT LA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH LAUDERDALE, FL 33068</td> <td></td> </tr> </table>  |                            | TITLE  | PSD | <input type="checkbox"/> Delete | NAME | SYROP, BARBARA |  | STREET ADDRESS | 1407 BELMONT LA |  | CITY-ST-ZIP | NORTH LAUDERDALE, FL 33068 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">3134 NORTH JOG RD. #1105</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WEST PALM BEACH, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>33411</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE | 3134 NORTH JOG RD. #1105 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | WEST PALM BEACH, FL |  | STREET ADDRESS | 33411 |  | CITY-ST-ZIP |  |  |
| TITLE   | PSD                        | <input type="checkbox"/> Delete  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| NAME  | SYROP, BARBARA             |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| STREET ADDRESS  | 1407 BELMONT LA            |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| CITY-ST-ZIP   | NORTH LAUDERDALE, FL 33068 |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| TITLE   | 3134 NORTH JOG RD. #1105   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| NAME  | WEST PALM BEACH, FL        |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| STREET ADDRESS  | 33411                      |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
| CITY-ST-ZIP   |                            |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
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| 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: <u>Barbara Syrop</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                            |  |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |
|   |                            | Date _____ Daytime Phone # _____   |     |                                 |      |                |  |                |                 |  |             |                            |  |  |  |       |                          |  |      |                     |  |                |       |  |             |  |  |