

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # S48568

1. Entity Name
BCOURT, INC.



Principal Place of Business

**1 ALHAMBRA CIRCLE
SUITE 608
CORAL GABLES, FL 33134 US**

Mailing Address

**1 ALHAMBRA CIRCLE
SUITE 608
CORAL GABLES, FL 33134 US**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0279832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PACHECO-SILVA, MARTA L.
1 ALHAMBRA CIRCLE #608
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000658365
03/15/07-80035-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	PACHECO-SILVA, MARTA L.
STREET ADDRESS	1 ALHAMBRA CIRCLE #608
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	PACHECO-SILVA, MARTA L.
STREET ADDRESS	1 ALHAMBRA CIRCLE, #608
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTA L. PACHECO-SILVA

3/3/07

Date

305 444-0191

Daytime Phone #