

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000057378

**Entity Name:** BDC INSPECTION SERVICES, INC.**Current Principal Place of Business:**741 PLOVER AVENUE  
MIAMI SPRINGS, FL 33166**Current Mailing Address:**PO BOX 660476  
MIAMI SPRINGS, FL 33266**FEI Number:** 82-2106262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LA VEGA, ALBERT O  
741 PLOVER AVENUE  
MIAMI SPRINGS, FL 33166 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | P                      |
| Name            | DE LA VEGA, ALBERT O   |
| Address         | PO BOX 660476          |
| City-State-Zip: | MIAMI SPRINGS FL 33266 |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | DE LA VEGA, ALBERT O   |
| Address         | PO BOX 660476          |
| City-State-Zip: | MIAMI SPRINGS FL 33266 |

|                 |                        |
|-----------------|------------------------|
| Title           | SEC                    |
| Name            | DE LA VEGA, ALBERT O   |
| Address         | PO BOX 660476          |
| City-State-Zip: | MIAMI SPRINGS FL 33266 |

|                 |                        |
|-----------------|------------------------|
| Title           | TREA                   |
| Name            | DE LA VEGA, ALBERT O   |
| Address         | PO BOX 660476          |
| City-State-Zip: | MIAMI SPRINGS FL 33266 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT DE LA VEGA**PRESIDENT****04/09/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date