## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT										
DOCUMENT # P02000074388  1. Entity Name BB TAX CORP.									`  <u> </u>	D PN 3: 34
Principal Plac	e of Busines	5	Mailing Address		···	1				0 0-7
3529 S.W. 112TH PLACE			3529 S.W. 112TH PLACE					CICILIT		4. TE
MIAMI, FL 33165			MIAMI, FL 33165			1		fall at	: •	H
						1133013010	1970 HEN COM 1870 20	 		(1931 II ING)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10062005	REIN-P	CR2E0	98 (6/04)	
City & State			City & State		4. FEI Number         Applied For           65-1021213         Not Applicable					
Zip 		Country	Zip	Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
BENITEZ, ROBERTO S 3529 S.W. 112TH PLACE						Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33165										
					City				Zip Cod	e
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 algorithms required when retrietating)  DATE										
FILE NOW!!! FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10.		OFFICERS AND	I DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND (	DIRECTOR	S IN 11
TITLE	Р		☐ Delete TITLE		E				Change	Addition
NAME	1	, ROBERTO S		NAME						
STREET ADDRESS CITY-ST-ZIP	3529 S.W	7. 112TH PLACE		EET ADDRESS '-ST-ZIP	100060457271 10/10/0501074025 **150.00					
	V	_ 33103		Delete TITLE		1071	10/05010	·		
TITLE NAME	1 '	, ROBERTO J	L. Delete	L Delete MAN					Change	Addition
STREET ADDRESS	1	W. 52ND TERRACE	STR		EET ADDRESS					
CITY-ST-ZIP	MIAMI, FI		cny		'-ST-ZIP					
TITLE	T		☐ Delete	IUL	E				Change	Addition
NAME STREET ADDRESS	GIL-BENITEZ, JEANICE 1 14108 S.W. 52ND TERRACE				EE1 AGDRESS					
CITY-ST-ZIP	MIAMI, FI				-ST-ZIP					Ì
TITLE	s		☐ Delete	TITL	 E	<del></del>			Change	Addition
NAME	,	, CONSUELO		NAM	rE .					
STREET ADDRESS CITY-ST-ZIP	[	1. 112TH PLACE		4	EET ADDRESS					ارر
TITLE	MIAMI, FI	. 33105	Delete	TITL	-\$1-ZIP E	QA	ASTAT	TAF		Addition
NAME				NAM	KE .		Super Secret	20 6 V V	~~.	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	•				
TITLE		<del></del>	☐ Delete	III					☐ Change	☐ Addition
NAME STREET ADDRESS				NAM	1					
CITY-ST-ZIP		=		CITY	EET ADDRESS '-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:    SIGNATURE   S										
SIGNATURE VENUMENTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Phone #										