2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 8:00 am Secretary of State

DOCUMENT # P02000074388 1. Entity Name BB TAX CORP.						01-08-2007 90254 023 ***150.00				
Principal Place of Business		Mailing Address		L.,,						
3529 S.W. 112TH PLACE MIAMI, FL 33165		3529 S.W. 112TH PLACE MIAMI, FL 33165		•	1 10 0 K 0 0 1 1 1		et dorri fødet dedgo r	#1 5 1 (616) (619	14 1 (1 (24 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E034	(12/06)			
City & State		City & State			4. FEI Numbe 65-102			-	olied For Applicable	
Žip	Country	Zip	Coun	itry		of Status Desired	Fee	.75 Addi 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 MIAMI, FL 33165			Street Address (P.O. Box Number is Not Acceptable)							
•			City	City 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.										
SIGNATURE										
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND		11,		ADDITIONS/	CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	BENITEZ, ROBERTO S 3529 S.W. 112TH PLACE						L] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENITEZ, ROBERTO J 14108 S.W. 52ND TERRACE] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete GIL-BENITEZ, JEANICE 14108 S.W. 52ND TERRACE MIAMI, FL 33175		TITUI NAM STRE	E] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete TIT BENITEZ, CONSUELO NA 3529 S.W. 112TH PLACE STI		TITU NAM STRE	E ME FET ANNRESS	BENITE 352954 MIAMI	U 112 P.	UELO	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	E AE EET ADDRESS (-ST-ZIP	7/ AM/ 5 76 NN 1 CE 3529 SW	13. MV1 112PL	V12 5	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete] Change	☐ Addition	
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 like empowered.

SIGNATURE:

ROBERTOS. BENITEZ PRESIDENT 1/4/06 305-559-6498 Daytime Phone #