

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # P92000005161

1. Entity Name
2-B PROPERTIES CORP.



Principal Place of Business
411 ISLE OF CAPRI
FORT LAUDERDALE, FL 33301 US

Mailing Address
411 ISLE OF CAPRI
FORT LAUDERDALE, FL 33301 US



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0370179

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSBORN, BEATRICE I
411 ISLE OF CAPRI
FT LAUDERDALE, FL 33301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000893221
04/23/08-80098-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OSBORN, BEATRICE I
STREET ADDRESS	411 ISLE OF CAPRI
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	V
NAME	OSBORN, ROBERT P.
STREET ADDRESS	411 ISLE OF CAPRI
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	ST
NAME	OSBORN, BEATRICE I
STREET ADDRESS	411 ISLE OF CAPRI
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
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 like empowered.

SIGNATURE: *Beatrice I Osborn* **BEATRICE OSBORN** 4-6-08 954-463-0976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #