

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90034 013 \*\*\*158.75

**DOCUMENT # P95000028038**

1. Entity Name  
**B & B HOLDING ENTERPRISES, INC.**



Principal Place of Business  
**B&B HOLDING ENTERPRISES**  
**600 WEST 20 STREET**  
**HIALEAH, FL 33010**

Mailing Address  
**760 PONCE DE LEON BLVD**  
**CORAL GABLES, FL 33134 US**

2. Principal Place of Business - No P.O. Box #  
**760 Ponce De Leon Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



04022008 Chg-P CR2E034 (12/06)

City & State  
**Coral Gables, FL**

City & State

4. FEI Number  
**65-0582707**

Applied For  
 Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
 Country

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

6. Name and Address of Current Registered Agent  
**BRACERAS, WILFRED**  
**590 WEST 20TH STREET**  
**HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name  
**Braceras, Wilfred**

Street Address (P.O. Box Number is Not Acceptable)  
**760 Ponce De Leon Blvd.**

City  
**Coral Gables**

FL Zip Code  
**33134**

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 \_\_\_\_\_ **Wilfred Braceras, Pres & CEO** **04/11/08**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRACERAS, WILFRED 590 WEST 20TH STREET HIALEAH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Braceras, Wilfred 760 Ponce De Leon Blvd. Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Wilfred Braceras **Wilfred Braceras, Pres & CEO** **04/11/08** **(305)863-8860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #