

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055257

Entity Name: 2 B'S ASSOCIATION, INC.

FILED  
Mar 15, 2005  
Secretary of State

## Current Principal Place of Business:

6880 NW 44 CT  
LAUDERHILL, FL 33319

## New Principal Place of Business:

13921 NW 19TH STREET  
PEMBROKE PINES, FL 33028

## Current Mailing Address:

6880 NW 44 CT  
LAUDERHILL, FL 33319

## New Mailing Address:

13921 NW 19TH ST  
PEMBROKE PINES, FL 33028

FEI Number: 65-1021913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALEBRANCHE, ERVE  
6880 NW 44 CT  
LAUDERHILL, FL 33319 US

## Name and Address of New Registered Agent:

MALEBRANCHE, ERVE  
13921 NW 19TH STREET  
PEMBROKE PINES, FL 33028 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:

03/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MALEBRANCHE, ERVE  
Address: 6880 NW 44 CT  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: MALEBRANCHE, BETHINA  
Address: 6880 NW 44 CT  
City-St-Zip: LAUDERHILL, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MALEBRANCHE, ERVE  
Address: 13921 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Change ( ) Addition  
Name: MALEBRANCHE, BETHINA  
Address: 13921 NW 19TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERVE MALEBRANCHE

PD

03/15/2005

Electronic Signature of Signing Officer or Director

Date