

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000074388

1. Entity Name
BB TAX CORP.



Principal Place of Business
3529 S.W. 112TH PLACE
MIAMI, FL 33165

Mailing Address
3529 S.W. 112TH PLACE
MIAMI, FL 33165



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1021213

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENITEZ, ROBERTO S
3529 S.W. 112TH PLACE
MIAMI, FL 33165

**DO NOT WRITE
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 _____

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BENITEZ, ROBERTO S
STREET ADDRESS 3529 S.W. 112TH PLACE
CITY-ST-ZIP MIAMI, FL 33165

TITLE V
NAME BENITEZ, ROBERTO J
STREET ADDRESS 14108 S.W. 52ND TERRACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE T
NAME GIL-BENITEZ, JEANICE
STREET ADDRESS 14108 S.W. 52ND TERRACE
CITY-ST-ZIP MIAMI, FL 33175

TITLE S
NAME BENITEZ, CONSUELO
STREET ADDRESS 3529 S.W. 112TH PLACE
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000379801
01/10/06-80038-012 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2006 305/559-6498