2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074388

Entity Name: BB TAX CORP

Address:

City-St-Zip:

3529 SW 112 PL

MIAMI, FL 33165

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3529 S.W. MIAMI, FL	. 112TH PLACE 33165				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3529 S.W. MIAMI, FL	. 112TH PLACE 33165				
FEI Number	: 65-1021213	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
3529 S.W. MIAMI, FL					
	e named entity sul e of Florida.	omits this statement for the p	urpose of changing its register	ed office or registered agent, or both	
SIGNATU					
		Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	P () Do BENITEZ, ROBER 3529 S.W. 112TH MIAMI, FL 33165	тоѕ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () DO BENITEZ, ROBER 14108 S.W. 52ND MIAMI, FL 33175	то Ј	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Do GIL-BENITEZ, JEA 14108 S.W. 52ND MIAMI, FL 33175	ANICE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V () DO BENITEZ, CONSU 3529 S.W. 112TH MIAMI, FL 33165	ELO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Do MUNIZ, JENNICE		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: ROBERTO S. BENITEZ P 01/06/2009