

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                               |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 176331</b><br>1. Entity Name<br><b>B&amp;B TRITECH, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                               |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                            |  |
| Principal Place of Business<br><b>875 W 20TH ST<br/>HIALEAH FL 33010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         |                                               | Mailing Address<br><b>P O BOX 660776<br/>MIAMI FL 33266-0776</b>                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         | City & State<br><br>Zip      Country          |                                                                                                                        | 4. FEI Number <b>59-0702127</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                                                                                                                                                                                                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                               |                                                                                                                        | 6. Name and Address of Current Registered Agent<br><br><b>GOLDSTEIN, RICHARD M.<br/>ONE BISCAYNE TOWER, STE 3250<br/>TWO S. BISCAYNE BLVD.<br/>MIAMI FL 33131</b>                                                                                                                                                                                                                                                           |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |                                               |                                                                                                                        | 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>BROCK, WILLIAM B., JR<br>240 HUNTINGLODGE DR.<br>MIAMI SPRINGS FL <input type="checkbox"/> Delete |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <div style="text-align: center;"> <b>000000069501</b><br/> <b>03/01/04-80016-003 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>DAVENPORT, WILLIAM K.<br>125 W. 51ST. ST.<br>HIALEAH FL <input type="checkbox"/> Delete           |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>BROCK, ISABEL K.<br>240 HUNTINGLODGE DR.<br>MIAMI SPRINGS FL <input type="checkbox"/> Delete      |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                         |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), 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 persons empowered. |                                                                                                         |                                               |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>SIGNATURE:</b> _____ <b>W. B. Brock Jr. President</b> <b>26 Feb 2004</b> <b>(305) 888-5247</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                                               |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |



MOORE CR2E034 (11/03)