2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2005 08:00 AM **DOCUMENT # 176331** Secretary of State 1. Entity Name B&B TRITECH, INC. Mailing Address Principal Place of Business P O BOX 660776 875 W 20TH ST HIALEAH FL 33010 MIAMI FL 33266-0776 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-0702127 Not Applicable Zip Ζīρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDSTEIN, RICHARD M. Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, STE 3250 TWO S. BISCAYNE BLVD. **MIAMI FL 33131** Zip Code City 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 it applicable (NOTE Registered Agent signature required which reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Сhange Addition ITLE Detete TITLE BROCK, WILLIAM B., JR NAME NAME U00000231405 STREET ADDRESS 240 HUNTINGLODGE DR. STREET ADDRESS 02/16/05-80028-011 150.00 CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP ☐ Change ☐ Addition VD ☐ Delete IME TITLE DAVENPORT, WILLIAM K. MAME NAME STREET ADDRESS STREET ADDRESS 125 W. 51ST. ST. CITY-SI-ZIF CITY - ST-ZIP HIALEAH FL Change Addition ☐ Delete TITLE THE NAME NAME BROCK, ISABEL K. STREET ADDRESS STREET ADDRESS 240 HUNTINGLODGE DR. CITY ST-ZIP MIAMI SPRINGS FL CHY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP HILE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CUTY ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

W. B. Brock Ja President

25 Feb es

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FILED