2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2008 08:00 AF **Secretary of State** DOCUMENT #F36170 B F INDUSTRIES, INC. \$15,100 WEEK! Principal Place of Business Mailing Address CONTRACTOR OF THE STATE OF THE STATE OF 4201 OAK CIRCLE 4201-4301 OAK CIRCLE #30/32 BOCA RATON, FL 33431 #29 BOCA RATON, FL 33431 US 01192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2147075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORS, SIDNEY Z DO NOT WRITE **4201 OAK CIR** SUITE 29 IN THIS SPACE BOCA RATON, FL 33431 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. Fam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BORS, SIDNEY Z NAME STREET ADDRESS 2575 S. OCEAN BLVD.#210 CITY-ST-ZIP HIGHLAND BCH., FL U00000794730 01/28/09-80019-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - 7IP TITLE NAME STREET ADDRESS

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.

CITY+ST: 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

36/ 368-6662 Daytme Phone #

FILED