

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90052 014 ***150.00

DOCUMENT # G20865

1. Entity Name

B & B HOLDING CORP.



Principal Place of Business

505 S FLAGLER DRIVE
SUITE 300
WEST PALM BEACH FL 33401

Mailing Address

MRS. HILAIRE BECK
817 FIFTH AVENUE, 5TH FLOOR
NEW YORK NY 10021

00017309

2. Principal Place of Business

One N. Clematis Street

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

West Palm Beach, FL

City & State

4. FEI Number

58-1502092

Applied For

Not Applicable

Zip

33401

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK
505 S FLAGLER DRIVE
SUITE 300
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

One N. Clematis Street

City

West Palm Beach

FL

Zip Code

33401

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME BECK, HILAIRE
STREET ADDRESS 817 FIFTH AVE, 5TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10021

TITLE T ☐ Delete
NAME BECK, CATHY
STREET ADDRESS 181 E 73 ST., APT 16F
CITY-ST-ZIP NEW YORK NY 10021

TITLE VP ☐ Delete
NAME GORDON, JAMIE
STREET ADDRESS 628 ORIENTA AVENUE
CITY-ST-ZIP MAMARONECK NY 10543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

Daytime Phone #