


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90489 049 ***150.00

DOCUMENT # J48086 1. Entity Name B B & D OF COCOA BEACH, INC.	
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Principal Place of Business P O BOX 372337 SATELLITE BCH, FL 32937	Mailing Address P O BOX 372337 SATELLITE BCH, FL 32937
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94063302



DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2749413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANAPOOR, SHAHROOZ
600 1ST AVE
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOBSON, ROGER 5500 N ATLANTIC AV COCOA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BJERNING, EUGENE 5500 N ATLANTIC AV COCOA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BANAPOOR, SHAHRAM 3755 TRANQUILITY DR MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANAPOOR, SHAHROOZ 3660 TURTLE MOUND RD MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Shahrooz Bana Poor SHAHROOZ BANAPOOR

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 321-777-7528

 Date Daytime Phone #