2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # L14177 Feb 16, 2005 08:00 AM 1. Entity Name **Secretary of State B&B CHEMICAL COMPANY, INC.** Principal Place of Business Mailing Address 875 WEST 20TH STREET HIALEAH FL 33010 P O BOX 660776 MIAMI FL 33266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2998448 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANEN, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) OLNE BISCAYNE TOWER SUITE 3250 TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131 City Zip Code F 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 Squelure, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THLE Change ☐ Addition BROCK, W. B. JR. NAME NAME Unnooco231410 875 W. 20TH ST STREET ADDRESS STREET ADDRESS 02/16/05-80028-012 150.00 HIALEAH FL CITY-ST 7IP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS City ST-ZIP CITY-ST-ZIF TITLE ☐ Defete HITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP 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: _

W. B Brock Jr President 25 Feb 05 365 888 5249