## ANNUAL REPORT (AR)

## **FILED** DOCUMENT # L14177 Feb 28, 2006 08:00 AM Secretary of State 1. Entity Name B&B CHEMICAL COMPANY, INC. Principal Place of Business Mailing Address 875 WEST 20TH STREET P O BOX 660776 HIALEAH FL 33010 MIAMI FL 33266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2998448 Not Application Zìo Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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** Zip Code 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 Typeri or prince name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstativity) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May 5e After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ta. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIE ☐ Delete ☐ Change Addition 🔲 BROCK, W. B. JR. NAME NAME 11000000450931 STREET ADDRESS 875 W. 20TH ST STREET ADDRESS 03/10/06-80024-023 150.00 CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP Delete ☐ Change Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-70 Detete TITLE mu Change ☐ Addation NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY - S1- Z(P TITLE ☐ Defete Tarre Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME SCARAGE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete 7171 E Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Section 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.

W. B. Brock Jr. lessedont

SIGNATURE:

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