


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90021 019 ***150.00

DOCUMENT # M00540	
1. Entity Name B & B NUTRITION, INC.	

Principal Place of Business 6923 W. BROWARD BLVD. PLANTATION FL 33317 US	Mailing Address 6923 W. BROWARD BLVD. PLANTATION FL 33317 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HARTMAN, BARBARA 2050 NW 88TH TERRACE PEMBROKE PINES FL 33024	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	HARTMAN, BARBARA
STREET ADDRESS	6923 W BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33317
TITLE	STD <input type="checkbox"/> Delete
NAME	HARTMAN, BENJAMIN
STREET ADDRESS	6923 W. BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33317
TITLE	DV <input type="checkbox"/> Delete
NAME	HARTMAN, BARRY
STREET ADDRESS	6923 W. BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33317
TITLE	D <input type="checkbox"/> Delete
NAME	HARTMAN, JULIE L
STREET ADDRESS	6923 W. BROWARD BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33317
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Barbara Hartman - BARBARA HARTMAN 4/19/04 9545875132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #