



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90027 011 \*\*\*150.00

<b>DOCUMENT # M30866</b> 1. Entity Name <b>B AND B MARKETING ENTERPRISES, INC.</b>					
Principal Place of Business <b>910 NE 2ND STREET UNIT C DEERFIELD BEACH, FL 33441 US</b>			Mailing Address <b>910 NE 2ND STREET UNIT C DEERFIELD BEACH, FL 33441 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212004 Chg-P CR2E034 (10/03) 4. FEI Number <b>65-0027231</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BLUM, R. AMY</b> <b>2499 GLADES ROAD</b> <b>SUITE 308</b> <b>BOCA RATON, FL 33431</b> <i>address modification only</i>			Name <b>BLUM, R. AMY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2499 GLADES ROAD</b> Suite <b>308</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVID, BERNARD</b> <b>2650 GREENWOOD TERR. G118</b> <b>BOCA RATON, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DAVID, DANIELA GRAZZINI</b> <b>297 Del Rio BLVD</b> <b>BOCA RATON, FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> <b>DAVID, DANIELA GRAZZINI</b> <b>2650 GREENWOOD TERR. G118</b> <b>BOCA RATON, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P</b> <b>DAVID, BERNARD</b> <b>297 Del Rio BLVD</b> <b>BOCA RATON, FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/21/04 (954.725 3535) <small>Date Daytime Phone #</small>		