


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000017575</b> 1. Entity Name <b>B &amp; B INSURANCE SOLUTIONS, INC.</b>	
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Principal Place of Business <b>333 N.E. 8TH STREET HOMESTEAD, FL 33030</b>	Mailing Address <b>333 N.E. 8TH STREET HOMESTEAD, FL 33030</b>
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KAICHER PASTRAN, DEBORAH  
333 N.E. 8TH STREET  
HOMESTEAD, FL 33030**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BENITEZ, LISA 13800 S.W. 8TH STREET, #246 MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOS BENITEZ, WALTER 13800 S.W. 8TH STREET, #246 MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/27/04-80010-011 150.00

**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:** *Alce Benich* **2-23-04 305-790-5827**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #