

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000017575

1. Entity Name
B & B INSURANCE SOLUTIONS, INC.



Principal Place of Business
333 N.E. 8TH STREET
HOMESTEAD, FL 33030

Mailing Address
333 N.E. 8TH STREET
HOMESTEAD, FL 33030



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0983292

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
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05/25/06-80003-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

305 608 0251

Daytime Phone