

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90286 034 ***158.75

DOCUMENT # P00000077233

1. Entity Name
BBMNET INC.



Principal Place of Business
260 CRANDON BLVD # 53
#53
MIAMI, FL 33149 US

Mailing Address
PO BOX 777-490777
MIAMI, FL 33149 US
KEY BISCAINE



2. Principal Place of Business

3. Mailing Address

PO Box 490777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032006

Chg-P

CR2E034 (11/05)

City & State
Key Biscayne FL

City & State
KEY BISCAINE FL

4. FEI Number
65-1032394

Applied For
Not Applicable

Zip Country

Zip Country

33149

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, M.V.
260 CRANDON BLVD # 53
#53
MIAMI, FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

City **Key Biscayne**

FL

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) 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**
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 if 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

Date

Daytime Phone #

888 904 9289