## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 07, 2005 08:00 AM Secretary of State DOCUMENT # P01000020973 B-2 INVESTMENTS, INC. Principal Place of Business Mailing Address 553 BAYSHORE DR. 553 BAYSHORE DR. FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1083222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KIREDJIAN, PEDRO 553 BAYSHORE DR. FT. LAUDERDALE, FL 33304 IN THIS SPACE 5. 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. JAN. 11/05 an SIGNATURE Signature, typed or printed name of registers agent and tide if applicable (NOTE, Registered Agent signature required when reinstating) 000000217766 02/07/05-80038-015 150.00 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D KIREDJIAN, PEDRO NAME STREET ADDRESS 553 BAYSHORE DR. CITY-ST-ZIP FT. LAUDERDALE, FL 33304 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

NAME STREET ADDRESS

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone I

**FILED**