## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 07, 2005 8:00 am **Secretary of State DOCUMENT # P01000029260** 02-07-2005 90101 046 \*\*\*150.00 BBF CONSTRUCTION, INC. Principal Place of Business Mailing Address < DUNTIPPP 27822 SW 130 CT 10705 SW 216TH STREET MIAMI, FL 33032 **UNIT 215** MIAMI, FL 33170 01062005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1116547 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUPERMAN, MARC A DO NOT WRITE 7695 SW 104 ST, STE 210 MIAMI, FL 33156 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE FISHER, BUCK B NAME STREET ADDRESS 27822 SW 130 CT CITY-ST-ZIP MIAMI, FL 33032 MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 lige empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FICER OR DIRECTOR

Daytime Phone #

FILED