


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 033 ***150.00

DOCUMENT # P01000045130		
1. Entity Name B.W.B. INTERNATIONAL, INC.		

Principal Place of Business 208 DOGWOOD LN. ISLAMORADA, FL 33036	Mailing Address 208 DOGWOOD LN. ISLAMORADA, FL 33036
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50063368



2. Principal Place of Business 81989 OLD HWY	3. Mailing Address 81989 OLD HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06302005 Chg-P CR2E034 (10/03)

City & State ISLAMORADA, FLORIDA	City & State ISLAMORADA, FLORIDA	4. FEI Number 65-1101481	Applied For Not Applicable
Zip 33036	Country U.S.A	Zip 33036	Country U.S.A

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

6. Name and Address of Current Registered Agent BENEK, MILOS 208 DOGWOOD LN. ISLAMORADA, FL 33036		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEK, MILOS 208 DOGWOOD LN. ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESEDOVA, HANA 208 DOGWOOD LN. ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MILOS BENEK Date: 08/22/05 Daytime Phone #: 786-208-0637

MICHAEL P. SADDOW
Enrolled Agent/Tax Accountant

ATTACHMENT 7063368

PO 1000045130

Tax Returns
Financial & Business Consulting

Aug. 18, 2005

DIVISION OF CORPORATIONS
STATE OF FLORIDA
RE: B.W.B. INTERNATIONAL
TO WHOM IT MAY CONCERN,

TO DAY I HAD THE PRIVILEGE TO TALK TO ONE OF YOUR AGENTS. I EXPLAINED WHY I FELT THAT THE U.B.R. SHOULD NOT BE A LATE FILING FEE. HE SUGGESTED THAT I WRITE TO THE DIVISION OF CORPORATIONS AND EXPLAIN WHY YOU SHOULD ACCEPT THE 2005 UNIFORM BUSINESS REPORT (U.B.R.)

MY CLIENTS ARE HONEST FOREIGN SPEAKING PEOPLE, BUT HAVE A HARD TIME GRASPING OUR LANGUAGE AND UNDERSTANDING OUR TAX LAWS. I CONTACTED MY CLIENT B.W.B. INTERNATIONAL ON APRIL 27, 2005 AND DISCOVERED THAT THE CORPORATION RENEWAL FORM HAD NOT BEEN FILED. I AM STILL CURRENTLY IN MICHIGAN AND KNOWING THE DEADLINE TO FILE WAS SOON DUE. SINCE I DID NOT HAVE AN ORIGINAL FORM, I MADE A COPY OF THEIR 2003 FILING AND MAILED MY CHECK FOR \$150⁰⁰ ON APRIL 28, 2005, SEE COPIES ENCLOSED.

I'M SURE THE MAILING WAS POST-MARKED ON APRIL 28, 2005. THE FORM WAS NOT AN ORIGINAL SIGNATURE ON THE APPLICATION AND WAS SENT TO THE FL. DEPT. OF REV.


WE HAVE ALL INTENTION OF FILING ON TIME.
PLEASE REVIEW THIS SITUATION AND WE WOULD APPRECIATE

OVER

2005

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT FILE COPY

DOCUMENT # P01000045130			
1. Entity Name B.W.B. INTERNATIONAL, INC.			
Principal Place of Business 9225 COLLINS AVE #707 81989 OLD HWY SURSIDE FL 33154 ISLAMORADA, FL. 33036		Mailing Address 9225 COLLINS AVE #707 81989 OLD HWY SURSIDE FL 33154 ISLAMORADA, FL. 33036	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1101481		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENEK, MILOS 9225 COLLINS AVE #707 SURSIDE FL 33154		Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BESEDOVA, HANA 9225 COLLINS AVE #707 81989 OLD HWY SURSIDE FL 33154 ISLAMORADA, FL. 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		2/24/03 786-553-2667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 5000-368
701000075120

These documents were
originally sent on 4-28-05

FILING FEE
MICHAEL P. SADDOW
P.O. BOX 245 231-334-4200
GLEN ARBOR, MI 48136

74-650/724
0015774306

2159

DATE 04-28-05

PAY TO THE ORDER OF Florida Department of Revenue

One Hundred Fifty and 00/100 DOLLARS

State Savings Bank
FRANKFORT, MI 49635

MEMO 105-H01481

Michael Sadow

COMMUNITY REINVESTMENT ACCOUNT

145

© INCLUDE WALLET OR EQUIVALENT

Security Features
Include
Look for this

SPECIALTY UNIT

ATTACHMENT 50063368

MICHAEL P. SADDOW
Enrolled Agent/Tax Accountant

PO#000045730

Tax Returns
Financial & Business Consulting

04-28-05

Fl. Dept. of Revenue
5050 W. Tennessee St.
Tallahassee, Fl. 32399

Dear Sir,

Please accept this application for the corporate renewal of B.W.B. International, Inc. We want to make the deadline for renewal, we had no current form nor the web site address.

Enclosed is Check # 2154 in the amount of
\$ 150⁰⁰.

Thanks.

Michael Sadow, E.A.

Re: B.W.B. International, Inc.
81989 Old Hwy
Islamorada, Fl. 33036