

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

03-04-2005 90064 012 ***150.00

DOCUMENT # P01000050475					
1. Entity Name B & D INVESTMENT CO.					
Principal Place of Business 18425 NW 2ND AVE MIAMI FL 33169			Mailing Address 18425 NW 2ND AVE MIAMI FL 33169		
2. Principal Place of Business 17760 NW 2ND AVENUE			3. Mailing Address ← SAME		
Suite, Apt. #, etc. # 200			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State		
Zip 33169		Country USA		4. FEI Number 59-1346262	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent LIFTER, BENNETT M 18425 NW 2ND AVE MIAMI FL 33169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17760 NW 2ND AVENUE # 200 MIAMI FL 33169	
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 \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIFTER, BENNETT M 18425 NW 2ND AVE MIAMI FL 33169 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	17760 NW 2ND AVENUE # 200 MIAMI, FL 33169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>Bennett M Lifter</i></u>				Date: <u>3/30/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	