



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90116 043 \*\*\*150.00

<b>DOCUMENT # P01000095998</b> 1. Entity Name 2B, INC.					
Principal Place of Business 560 LINCOLN RD 301 MIAMI BEACH, FL 33139			Mailing Address 560 LINCOLN RD 301 MIAMI BEACH, FL 33139		
2. Principal Place of Business 4040 N.E. 2 <sup>ND</sup> AVE Suite, Apt. #, etc. SUITE 401		3. Mailing Address 4040 N.E. 2 <sup>ND</sup> AVE Suite, Apt. #, etc. SUITE 401			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1145271	
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MALDEN, BRETT 560 LINCOLN RD SUITE 301 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name MALDEN, BRETT Street Address (P.O. Box Number is Not Acceptable) 4040 N.E. 2 <sup>ND</sup> AVE SUITE 401 City MIAMI FL Zip Code 33137	
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 <u>BRETT MALDEN, President</u> DATE <u>4/30/05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALDEN, BRETT 560 LINCOLN RD SUITE 301 MIAMI BEACH, FL 33139	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, from all other type empowered.					
SIGNATURE: <u>BRETT MALDEN, President</u> DATE <u>4/30/05</u> 305.695.8222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					