


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000113764 1. Entity Name TRIPLE BBB, INC.	
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Principal Place of Business 18540 NW 48 PLACE MIAMI, FL 33055	Mailing Address 18540 NW 48 PLACE MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

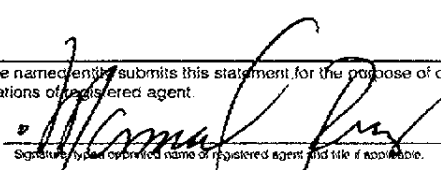
4. FEI Number 65-1156438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, MANUEL
18540 NW 48 PLACE
MIAMI, FL 33055

**DO NOT WRITE
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.

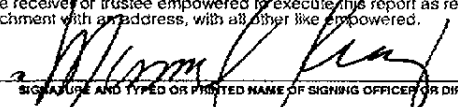
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 4/22/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	100000131807 04/27/04-80020-013-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, MANUEL 18540 NW 48 PLACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUIZ, MIRIAM 18540 NW 48 PLACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIDALGO, MORAIMA 18600 NW 48 PLACE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE 4/22/04 DAYTIME PHONE # 305-6206322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR