

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000116202

1. Entity Name
B.B.T.D. & M. CONSULTANTS, INC.



Principal Place of Business
11925 S.W. 13TH COURT
DAVIE, FL 33325

Mailing Address
11925 S.W. 13TH COURT
DAVIE, FL 33325

FILED

08 MAY 29 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0552838

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAUNSTEIN, BETH E
11925 S.W. 13TH COURT
DAVIE, FL 33325

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BRAUNSTEIN, BENJAMIN E
11925 S.W. 13TH COURT
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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400130927764
06/05/08--01043--022 **150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-08

954-661-8266