

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000032879
1. Entity Name
BBM INC.



| | |
|--|--|
| Principal Place of Business 4111 SW 47 AVE #333 DAVIE, FL 33314 | Mailing Address 4111 SW 47 AVE #333 DAVIE, FL 33314 |
|--|--|



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 04-3630670 | 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
BURIN, MORDECHAI B
4111 SW 47 AVE
#333
DAVIE, FL 33314

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable NOTE Registered Agent signature required when reinstating

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 | OM BURIN, MORDECHAI B 4111 SW 47 AVE DAVIE, FL 33314 |
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03/17/05-80006-018 150.00

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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)(f), 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____