

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90054 005 ***150.00

DOCUMENT # P02000032879 1. Entity Name BBM INC.			
Principal Place of Business 3901 SW 47 AVE #414 DAVIE, FL 33314		Mailing Address 3901 SW 47 AVE #414 DAVIE, FL 33314	
2. Principal Place of Business - No P.O. Box # 3711 SW 47 AVE Suite, Apt. #, etc. 201 City & State DAVIE, FLA Zip 33314 Country BRUNSWICK		3. Mailing Address 3711 SW 47 AVE Suite, Apt. #, etc. 201 City & State DAVIE, FL Zip 33314 Country BRUNSWICK	
4. FEI Number 04-3630670		Applied For <input type="checkbox"/> 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 3901 SW 47 AVE #414 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name MORDECHAI B BURIN Street Address (P.O. Box Number is Not Acceptable) 3711 SW 47 AVE SUITE 201 City DAVIE State FL Zip Code 33314	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM BURIN, MORDECHAI B 3901 SW 47 AVE, #414 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM BURIN, MORDECHAI B 3711 SW 47 AVE 201 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/8/08 Daytime Phone # _____	