


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 031 ***150.00

DOCUMENT # P02000054170		
1. Entity Name BAD BOYZ PROPERTIES INC.		

Principal Place of Business 10720 SW 38 ST. MIAMI FL 33165	Mailing Address 10720 SW 38 ST. MIAMI FL 33165
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50018021



1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 41-2047796	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HERNANDEZ, PERLA 10720 SW 38 ST MIAMI FL 33182	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	HERNANDEZ, PERLA
CITY-ST-ZIP	13489 NW 9TH LN MIAMI FL 33182
TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	HERNANDEZ, RAMON
CITY-ST-ZIP	13489 NW 9TH LN MIAMI FL 33182
TITLE	<input checked="" type="checkbox"/> Delete
NAME	S
STREET ADDRESS	HERNANDEZ, RICARDO
CITY-ST-ZIP	13489 NW 9TH LN MIAMI FL 33182
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P
STREET ADDRESS	Hernandez, Perla
CITY-ST-ZIP	10720 S.W. 38 st miami FL 33165
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Hernandez, Ramon
CITY-ST-ZIP	13489 N.W. 9th Ln miami FL 33182
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Hernandez, Ricardo
CITY-ST-ZIP	13489 N.W. 9th Ln miami FL 33182
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X *Perla Hernandez* **1-31-2005** **305-219-1211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #