
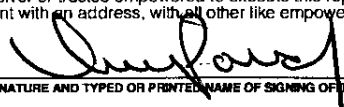


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90027 028 ***158.75

DOCUMENT # P02000060802					
1. Entity Name B & B DEVELOPMENT GROUP, INC.					
Principal Place of Business 1100 SW 10TH ST BAY V DELRAY BEACH, FL 33444			Mailing Address 1100 SW 10TH ST BAY V DELRAY BEACH, FL 33444		
2. Principal Place of Business 1100 SW 10th Street		3. Mailing Address 1100 SW 10th Street			
Suite, Apt. #, etc. Ste B		Suite, Apt. #, etc. Ste B			
City & State Delray Beach FL		City & State Delray Beach FL			
Zip 33444	Country USA	Zip 33444	Country USA	4. FEI Number 45-0481732	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD, STE 1500 (TJM) MIAMI, FL 33131			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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BADER, HELMUT		TITLE 	NAME 	
STREET ADDRESS 1100 SW 10TH ST BAY B	CITY-ST-ZIP DELRAY BEACH, FL 33444		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME BADER, OLGA		TITLE 	NAME 	
STREET ADDRESS 1100 SW 10TH ST BAY B	CITY-ST-ZIP DELRAY BEACH, FL 33444		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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: 			Date 2-27-04 Daytime Phone # 561-243-2201		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					