

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082203

Entity Name: BBE DEVELOPMENT CORP.

FILED
Jan 11, 2004
Secretary of State

Current Principal Place of Business:

1474-A WEST 84 STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1474-A WEST 84 STREET
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 55-0794548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSMAN, L. MICHAEL
1474-A WEST 84 STREET
HIALEAH, FL 33014

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: OSMAN, L. MICHAEL
Address: 1474-A WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: OSMAN, L. MICHAEL
Address: 1474-A WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014 US

Title: PD () Change (X) Addition
Name: OSMAN, CRAIG A
Address: 1474-A WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. MICHAEL OSMAN

VP

01/11/2004

Electronic Signature of Signing Officer or Director

_____ Date