

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90020 003 \*\*\*150.00

**DOCUMENT # P02000083557**

1. Entity Name

**B.B.C. INVESTMENTS, INC.**



Principal Place of Business

920 NW 179 AVE  
PEMBROKE PINES FL 33029

Mailing Address

920 NW 179 AVE  
PEMBROKE PINES FL 33029



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3767 Indian River Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Cocoa, Florida

4. FEI Number

52-2375713

Applied For

Not Applicable

Zip

Country

Zip

Country

32926

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAILER, BRANDY  
920 NW 179 AVE  
PEMBROKE PINES FL 33029

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SAILER, STEVEN  
STREET ADDRESS 920 NW 179 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE PD  
NAME SAILER, STEVEN  
STREET ADDRESS 3767 INDIAN RIVER DRIVE  
CITY-ST-ZIP COCOA, FL 32926 ☒ Change ☐ Addition

TITLE V  
NAME SAILER, STEVEN  
STREET ADDRESS 920 NW 179 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME SAILER, BRANDY L  
STREET ADDRESS 920 NW 179 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE VP  
NAME SAILER, BRANDY L  
STREET ADDRESS 3767 INDIAN RIVER DRIVE  
CITY-ST-ZIP COCOA, FL 32926 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/08