FILED
Apr 23, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000095081

1. Entity Name
BTB MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4120 SUNSHINE ROAD COCONUT GROVE, FL 33133	4120 SUNSHINE ROAD COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
71-0903106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYS, ROBERT
4120 SUNSHINE RD.
COCONUT GROVE, FL 33133

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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 _____ DATE
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Florida Companion Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAYS, ROBERT N
STREET ADDRESS	4120 SUNSHINE RD.
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VP
NAME	HAYS, PATRICIA F
STREET ADDRESS	4120 SUNSHINE RD.
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/05-80024-009 150.00

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11. 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: Robert Hays ROBERT HAYS 4/20/05 305.989.9385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #