

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099222

1. Entity Name
B & B MANAGEMENT GROUP, INC.



FILED
Mar 05, 2004 08:00 AM
Secretary of State

Principal Place of Business
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

Mailing Address
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156



01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
72-1537322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, GERMAN A
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156

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, 2004 Fee will be \$550.00

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 P
NAME ESCALLÓN, BERNARDO ☐ Delete
STREET ADDRESS 7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000077420
CITY-ST-ZIP 03/05/04-80042-002 150.00

TITLE VP
NAME ESCALLÓN, BERNARDO ☐ Delete
STREET ADDRESS 7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP MIAMI, FL 33156

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

TITLE S
NAME ESCALLÓN, BERNARDO ☐ Delete
STREET ADDRESS 7700 N. KENDALL DRIVE, SUITE 809
CITY-ST-ZIP MIAMI, FL 33156

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

TITLE T
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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:

Bernardo Escallón *Bernardo Escallón* *Feb 27/04 6: PM.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #