

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099222

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: B & B MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

1000 BRICKELL AVENUE  
SUITE 315  
MIAMI, FL 33131

## New Principal Place of Business:

999 PONCE DE LEON BLVD.  
SUITE PH 1135  
CORAL GABLES, FL 33134

## Current Mailing Address:

1000 BRICKELL AVENUE  
SUITE 315  
MIAMI, FL 33131

## New Mailing Address:

999 PONCE DE LEON BLVD.  
SUITE PH 1135  
CORAL GABLES, FL 33134

FEI Number: 72-1537322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MF CORPORATE SERVICE INTERNATIONAL  
1000 BRICKELL AVENUE  
SUITE 315  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

MF CORPORATE SERVICE INTERNATIONAL  
999 PONCE DE LEON BLVD.  
SUITE PH 1135  
CORAL GABLES,, FL 33134 US

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: OLGA SANTINI

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: BUSTO, JOSE A  
Address: 2244 S.W. 16TH TERRACE  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: BUSTO, JOSE A  
Address: 2244 S.W. 16TH TERRACE  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: ESCALLÓN, BERNARDO I  
Address: 1000 BRICKELL AVENUE #315  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ESCALLÓN, BERNARDO I  
Address: 999 PONCE DE LEON BLVD - SUITE PH 1135  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BERNARDO ESCALLON

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date