


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000104059
 1. Entity Name
 B & B INVESTMENT OF USA CORP.



Principal Place of Business 20335 W COUNTRY CLUB DR. #1508 AVENTURA, FL 33180	Mailing Address 20335 W COUNTRY CLUB DR. #1508 AVENTURA, FL 33180
--	--

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0486403	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 BASAVILBASO, NICANOR O
 20335 W COUNTRY CLUB DR.
 #1508
 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASAVILBASO, NICANOR O 20335 W. COUNTRY CLUB DR., #1508 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASAVILBASO, SUSAN BERNAL 20335 W. COUNTRY CLUB DR., #1508 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASAVILBASO, BERENICE 20335 W. COUNTRY CLUB DR., #1508 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASAVILBASO, MARIA XIMENA 20335 W. COUNTRY CLUB DR., #1508 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000216163
 02/05/05-80038-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 # _____