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06-23-2005 90001 012 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006730

1. Entity Name
B & J MANAGEMENT TEAM, INC.

400089239

B 12/20/05

04182005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4394 PALM BEACHH BLVD FT MYERS, FL 33905	4394 PALM BEACHH BLVD FT MYERS, FL 33905
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: 55-0816376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALERE, GERARD
4394 PALM BEACHH BLVD
FT MYERS, FL 33905

7. Name and Address of New Registered Agent

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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating.

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVT VALERE, GÈRARD S 23080 NEWCUN AVE PORT CHARLOTTE, FL 33980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VALERE, YVES 4394 PALM BEACHH BLVD FT MYERS, FL 33905	☐ 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
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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 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: [signature] 4/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B&J Management Team INF
4394 Palm Beach Blvd
FT Myers, FL 33905

December 8, 2005

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL. 32302

Subject: Request to wave penalty

Please be advised that the annual report was timely filed, and the fee of $150.00 was also Paid within 30 days period granted by your department, .Upon receipt of your letter date May 11 , 2005, a check of $ 150.00 was immediately sent to your office before June 11, 2005.I am requesting the department to waive the penalty of $400.00 charged to the corporation.

Thank your for your understanding in this matter.

If you have any questions please feel free to call me at 941-815-7448

Respectfully,

Gerard Valere