## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000018253 **B & B SPECIAL EVENTS INC.**



**FILED** Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1460 SW 3RD STE

10684 MAPLE CHASE DR.

BOCA RATON, FL 33498

POMPANO BEACH, FL 33069



	01192007	No Chg-P	CR2E034 (11/
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Applied For 4. FEI Number 42-1575882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

BERGER, BARBARA J 10684 MAPLE CHASE DRIVE BOCA RATON, FL 33498

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typad or printed name of registered agent and title i	f applicable /NOTE: Benstered	Anent signature	required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		, ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGER, BARBARA J 10684 MAPLE CHASE DRIVE BOCA RATON, FL 33498				
TITLE NAME STREET ADDRESS CITY-SI-ZIP					U00000742141 05/15/07-80057-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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