FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90531 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035828

1. Entity Name
BUSINESS TO BUSINESS DISTRIBUTORS CLEANING & JANITORIAL SUPPLIES .INC

Principal Place of Business	Mailing Address
1831 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311	1831 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311

50046057

04092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1600 NW 56 Ave		1600 NW 56 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Louderhill FL 33313	
City & State Louderhill FL		City & State	
Zip 33313	Country Broward	Zip 33313	Country Broward.

4. FEI Number 57-1157240 ☐ 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
THOMPSON, WALDITH 1831 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) 1600 NW 56 Ave City Louderhill **FL** Zip Code 33313

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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, WALDITH 1831 W. OAKLAND PARK BLVD. OAKLAND PARK, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 NW 56 Ave Louderhill FL 33313.	☑ 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
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
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: W Thompson ____________________

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