

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000056014

Entity Name: B & N GROUP, INC.

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8301 NW 197TH STREET  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

8301 NW 197TH STREET  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 58-2671345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHEEMA, BALWANT  
8301 N.W. 197 STREET  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CHEEMA, BALWANT  
Address: 8301 NW 197TH STREET  
City-St-Zip: MIAMI, FL 33015

Title: VSD ( ) Delete  
Name: KARL, NICK  
Address: 1420 SW 98TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: BALWANT CHEEMA

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date