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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66020329

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088561

1. Entity Name
B & B ASSOCIATES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
P.O. BOX 100790 CAPE CORAL, FL 33910	P.O. BOX 100790 CAPE CORAL, FL 33910

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6800 Maloney Ave.	
Suite, Apt. #, etc.: Unit #55	Suite, Apt. #, etc.
City & State: Key West, Fl	City & State
Zip: 33041 Country: USA	Zip Country

4. FEI Number 26-0069310 — 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
BERMAN, BEN P.O. BOX 100790 CAPE CORAL, FL 33910	Name Street Address (P.O. Box Number is Not Acceptable): 1308 SE 42nd St, #5 City: Cape Coral FL Zip Code: 33904

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 BERMAN, BENJAMIN P.O. BOX 100790 CAPE CORAL, FL 33910 ☐ 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: x Pres. Ben Berman x 5/1/05 x 239 549 7092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #