


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90172 032 ***150.00

DOCUMENT # P03000125674 1. Entity Name BNB-PROJECTZ, INC.					
Principal Place of Business 8900 SW 117TH AVENUE SUITE C-101 MIAMI, FL 33186			Mailing Address 8900 SW 117TH AVENUE SUITE C-101 MIAMI, FL 33186		
2. Principal Place of Business 8900 SW 117 Ave			3. Mailing Address 8900 SW 117 Ave		
Suite, Apt. #, etc. Suite C-101			Suite, Apt. #, etc. Suite C-101		
City & State Miami, FL			City & State Miami, FL		
Zip 33186		Country USA		03222004 Chg-P CR2E034 (10/03)	
4. FEI Number 77-0614834				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J 2121 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D BARCELO, RICARDO 8900 SW 117TH AVENUE, SUITE C-101 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barcelo Ricardo 8900 SW 117th Ave, Ste C-101 Miami, FL, 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCELO, BORIS 8900 SW 117TH AVENUE, SUITE C-101 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barcelo Boris 8900 SW 117th Ave, Ste C-101 Miami, FL, 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUNIGA, JUAN C 8900 SW 117TH AVENUE, SUITE C-101 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zuniga Juan C 8900 SW 117th Ave, Ste C-101 Miami, FL, 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCELO, CARLOS 8900 SW 117TH AVENUE, SUITE C-101 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barcelo Carlos 8900 SW 117th Ave, Ste C-101 Miami, FL, 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quintero Carlos 8900 SW 117th Ave, Ste C-101 Miami, FL, 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Juan C. Zuniga</u> 05/28/04 305 2737473 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					