

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000125674

Entity Name: BNB-PROJECTZ, INC.

FILED  
Oct 19, 2009  
Secretary of State

## Current Principal Place of Business:

12464 SW 127 AVE  
MIAMI, FL 33186 US

## New Principal Place of Business:

1490 WEST 49 PL  
350  
HIALEAH, FL 33012 US

## Current Mailing Address:

12464 SW 127 AVE  
MIAMI, FL 33186 US

## New Mailing Address:

1490 WEST 49 PL  
350  
HIALEAH, FL 33012 US

FEI Number: 77-0614834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZUNIGA, JUAN C  
12464 SW 127 AVE  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

MOTA, JUAN A  
1490 WEST 49TH PL  
HIALEAH, FL 33012 US

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: JUAN ANDRES MOTA

10/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARCELO, RICARDO J D  
Address: 12464 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: BARCELO, BORIS E D  
Address: 12464 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: BARCELO, CARLOS A D  
Address: 12464 SW 127 AVE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MOTA, JUAN A  
Address: 1490 W 49 PL  
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change ( ) Addition  
Name: CAMPO, VICTORIA E  
Address: 1490 W 49 PL  
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change ( ) Addition  
Name: PENA, ISABEL  
Address: 1490 WEST 49 PL  
City-St-Zip: HIALEAH, FL 33012

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: ISABEL PENA

D

10/19/2009

Electronic Signature of Signing Officer or Director

Date