
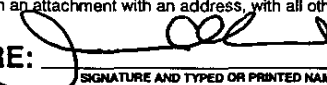


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90172 036 ***150.00

DOCUMENT # P03000149585 1. Entity Name BNB DAVIE, INC.					
Principal Place of Business 5400 SOUTH UNIVERSITY DR. SUITE 401 DAVIE, FL 33328 US			Mailing Address 5400 SOUTH UNIVERSITY DR. SUITE 401 DAVIE, FL 33328 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8900 SW 117 Ave Suite C-101			
City & State 		City & State Miami FL		4. FEI Number 20-0565054	
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARCELO, CARLOS A 5400 SOUTH UNIVERSITY DR. SUITE 401 DAVIE, FL 33328				7. Name and Address of New Registered Agent Name Barcelo, Carlos Street Address (P.O. Box Number is Not Acceptable) 8900 SW 117 Ave Suite C-101 City Miami FL Zip Code 33186	
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	P BARCELO, CARLOS A <input type="checkbox"/> Delete 5400 SOUTH UNIVERSITY DR. SUITE 401 DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barcelo Carlos A 5400 South University Dr Suite 401 Davie, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete BARCELO, BORIS 5400 SOUTH UNIVERSITY DR. SUITE 401 DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barcelo Boris 5400 South University Dr Suite 401 Davie FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. <input type="checkbox"/> Delete ZUNIGA, JUAN C 5400 SOUTH UNIVERSITY DR. SUITE 401 DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zuniga Juan C 5400 South University Dr Suite 401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barcelo Ricardo 5400 South University Dr Suite 401 Davie, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Juan C Zuniga 04/28/04 3052737473 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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03222004 Chg-P CR2E034 (10/03)