



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90172 033 ***150.00

DOCUMENT # P03000154332 1. Entity Name BNB HOMESTEAD, INC.					
Principal Place of Business 8900 SW 117 AVE. SUITE C-101 MIAMI, FL 33186 US			Mailing Address 8900 SW 117 AVE. SUITE C-101 MIAMI, FL 33186 US		
2. Principal Place of Business 14 NE 6 ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Homestead FL		City & State 		4. FEI Number 20-0565407	
Zip 33030		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZUNIGA, JUAN C 9140 SW 123CT APT. Q-102 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Zuniga, Juan C. 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 8900 SW 117 AVE. SUITE C-101 MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barcelo Carlos 8900 SW 117 Ave. Suite C-101 Miami FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSSO, FRANCISCO 8900 SW 117 AVE. SUITE C-101 MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Posso Francisco 8900 SW 117 AVE suite C-101 Miami FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. ZUNIGA, JUAN C 9140 SW 123CT APT. Q-102 MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juan C Zuniga 8900 SW 117 AVE Suite C-101 Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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> 04/28/04 3052737473					