2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P04000011407 1. Entity Name B & M MANAGEMENT OF USA. INC. Principal Place of Business Mailing Address 430 NW 65 TERRACE 430 NW 65 TERRACE MARGATE, FL 33062 MARGATE, FL 33062 No Chg-P CR2E034 (11/05) 03312008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2428209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KUNDU, BIKASH 430 NW 65 TERRACE MARGATE, FL 33062 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 000000893871 04/24/08-80005-012 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE KUNDU, BIKASH NAME STREET ADDRESS 430 NW 65 TERRACE CITY-ST-ZIP MARGATE, FL 33062 VD TITLE REZA, DALIM STREET ADDRESS 430 NW 65 TERRACE CITY-ST-ZIP MARGATE, FL 33062 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 atta th an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

Daytime Phone #