2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90387 011 ***150.00

DOCUMENT # P04000024759 1. Entity Name B & F TAPIA CORPORATION			(Mar)				04-28-20	008 9038′	7 O11 ***1	50.00
Principal Plac	e of Business	Mailing Address			\neg					
14743 SW 8 MIAMI, FL 3	2 TERR	14743 SW 82 TERR MIAMI, FL 33193			•	•	•			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		(04152008	Chg-P	CR2	E034 (12/06)	i	
City & State		City & State			4	4. FEI Numbe			⊢	pplied For
Zip	Country	Zip	Country	,	5		of Status Desire	ed []	\$8.75 Ad Fee Require	
	6. Name and Address of Curren	nt Registered Agent	'		7.	. Name and	Address of Ne	w Registere	d Agent	
TAPIA, BIENVENIDO				Name						
14743 SW MIAMI, FL	82 TERR		St		ress (P.O). Box Numbe	er is Not Accept	table)	:	
				City				F	L Zip Coo	de
	named entity submits this statement	for the purpose of changing its	registered	office or reg	gistered	agent, or bot	h, in the State c	f Florida. I a	m familiar with	, and accept
8. The above										
8. The above the obligat	ions of registered agent.									
8. The above the obligat	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E Registered A	igent signature re	required whe	en reinstating)		DATI	É	
signature_	•	9. Election Campa	iign Financir			en reinstating) O May Be to Fees		DATI	E	· · · · · · · · · · · · · · · · · · ·
signature_	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa	iign Financir	ing	\$5.00 Added t	May Be to Fees	CHANGES TO			RS IN 11
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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 affect 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: 4

Bunuen' la Chai SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104.25-08

1305.386-3014 Daysme Phone #