2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000071698

Address:

City-St-Zip:

3410 FOXCROFT RD., APT. #205

MIRAMAR, FL 33025

ntity Name: BBL INVESTMENT ENTERPRISES IN

FILED Sep 19, 2006 Secretary of State

Entity Nar	ne: B.B.L. IN	NVESTMENT ENTERPRIS	SES, INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3410 FOXO MIRAMAR	CROFT RD., , FL 33025	APT. #205			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3410 FOXO MIRAMAR	CROFT RD., , FL 33025	APT. #205			
FEI Number:	20-1092602	FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Age	nt: Name and Address of	Name and Address of New Registered Agent:	
MIRAMAR	CROFT RD., , FL 33025	US	r the purpose of changing its registered	Loffice or registered agent, or both	
	of Florida.	submits this statement for	r the purpose of changing its registered	office of registered agent, or both,	
SIGNATUR	RE: IRMA LU	JBIN			
	Electro	onic Signature of Registere	ed Agent	Date	
		93(2)(b), F.S., the corporation ng Trust Fund Contribution (did not receive the prior notice.).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LUBIN, IRMA) Delete OFT RD., APT. #205 - 33025	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BEAUVAIS, E	OFT RD., APT. #205	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D (BREA-BURDE	X) Delete EN, FRANZIA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ERBY BEAUVAIS D 09/19/2006