

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90318 028 ***150.00

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1. Entity Name
B B PINA MANAGEMENT, INC.



Principal Place of Business
**1000 NYACK ST. N.W.
PALM BAY, FL 32907**

Mailing Address
**1000 NYACK ST. N.W.
PALM BAY, FL 32907**

50025073



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02162005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-1324007

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALRON ENTERPRISES INC.
3990 MINTON RD.
MELBOURNE, FL 32904**

7. Name and Address of New Registered Agent

Name **Barry B. Pina**
Street Address (P.O. Box Number is Not Acceptable)
1000 Nyack St NW
City **Palm Bay** FL Zip Code **32907**

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 **Barry Pina** **Barry Pina Reg Agent 2/17/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PINA, BARRY**
STREET ADDRESS **1000 NYACK ST.**
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D P ST** ☒ Change ☐ Addition
NAME **Pina, Barry**
STREET ADDRESS **1000 Nyack St.**
CITY-ST-ZIP **Palm Bay FL 32907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Barry Pina** **Barry Pina Pres 2/17/05** **952-7263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #