## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000114167  1. Enlity Name B.B.I.F. INC.					05-02-2005 90533 010 ***150.00			
Principal Place	e of Rusiness	Mailing Address		L	┪		500461	ŭ 1
142 N.W. 145 ST.		142 N.W. 145 ST.					000401	31
MIAMI, FL 33168		MIAMI, FL 33168						
2. Principal P	face of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04292005	Chg-P	CR2E034 (10/03)	
City & State		City & State		<u>-</u>	4. FEI Number			oplied For
Ony a one					20-	14500		ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	f Status Desired	See Require	
	6. Name and Address of Curre	ent Registered Agent			7. Name and /	Address of New	Registered Agent	
				Name				
BASSETTE, BELIZAIRE 142 N.W. 145 ST.				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33168							
				City	<del></del>		<b>E</b> ■ Zip Coo	le .
				<u> </u>			FL	
	named entity submits this statemen ions of registered agent.	it for the purpose of changing	its register	ed office or regist	ered agent, or both	, in the State of Fi	lorida. I am familiar with,	and accept
SIGNATURE.	M244	BB					4/26/0	
SIGNATORE	Signature, typed or present name dylegistered ag	gent and title if applicable. (I	NOTE: Registere	ed Agent signature requi	red when renstating)		DATE	
	E NOW!!! FEE IS \$150:00 ay 1, 2005 Fee will be \$55	9. Election Carr Trust Fund C			5.00 May Be ided to Fees			
10.	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITE				☐ Change	Addition
NAME STREET ADDRESS	BASSETTE, BELIZAIRE	•	NAM					
CITY-ST-ZIP	142 N.W. 145 ST. MIAMI, FL 33168			EET ADDRESS Y-ST-ZIP				
TITLE	S	: Delete	. 111					
NAME	BASSETTE, INA			LE			Change	Addition
STREET ADDRESS CITY-ST-ZIP	142 N.W. 145 ST.		NA)	WE			Change	Addition
			STR	ME BEET ADDRESS	<u>-</u>		<b>□</b> Change	Addition
TITLE	MIAMI, FL 33168	C) Delete	STR	ME REET ADORESS Y-ST-ZIP	-		☐ Change	
TITLE NAME		☐ Delete	STR CIT	ME REET ADORESS Y-ST-ZIP LE	-			
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12. Thereby certify that the information supplied with this filling 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:

D NAME OF SIGNING OFFICER OR DIRECTOR

4/26/8

786-426-5042