


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 029 ***150.00

DOCUMENT # P04000146823 1. Entity Name BBU CORP.																											
Principal Place of Business 10400 NW 33 STREET SUITE 270 MIAMI, FL 33172		Mailing Address 200 S. BISCAYNE BLVD. SUITE 4000 MIAMI, FL 33131																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. 100 City & State Coral Gables FL Zip 33134																									
Country		Country US																									
4. FEI Number 76-0769673		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS 200 S BISCAYNE BLVD SUITE 4100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc. Street Address (P.O. Box Number is Not Acceptable) Suite 580 City Coral Gables																									
State FL		Zip Code 33134																									
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: <u><i>[Signature]</i></u> 1/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby 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 attachment with an address, with all other like empowered.																											
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/24/06</u> 786 552 0563 <small>Daytime Phone #</small>																									