


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90014 025 \*\*\*150.00

<b>DOCUMENT # P04000146823</b>	
1. Entity Name <b>BBU CORP.</b>	

Principal Place of Business <b>2600 DOUGLAS RD. STE 1010 CORAL SPRINGS, FL 33174</b>	Mailing Address <b>2600 DOUGLAS RD. STE 1010 CORAL SPRINGS, FL 33174</b>
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2. Principal Place of Business - No P.O. Box # <b>8300 N.W. 53<sup>rd</sup> Street</b>	3. Mailing Address <b>8300 N.W. 53<sup>rd</sup> St</b>
(Suite) Apt. #, etc. <b>350</b>	(Suite) Apt. #, etc. <b>350</b>

City & State, <b>Miami, Florida</b>	City & State <b>Miami, FL</b>
Zip <b>33166</b>	Country <b>USA</b>
Zip <b>33166</b>	Country



01152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>REGISTERED AGENT CORPORATE SVCS., INC 2600 DOUGLAS ST. STE 1010 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8300 N.W. 53<sup>rd</sup> St Suite 350</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>	
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCOTET, JUAN CARLOS 150 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUJAN, LUIS XAVIER 150 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARABALLO, JORGE 150 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV AYALA, RICARDO 150 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE: RICARDO AYALA</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>1/15/2008</b> Date	<b>(305) 742-2270</b> Daytime Phone #
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