


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 012 ***150.00

DOCUMENT # P05000067777	
1. Entity Name B.B. CAPITAL INVESTORS INC.	

Principal Place of Business 10820 NW 30TH ST. DORAL, FL 33172	Mailing Address 10820 NW 30TH ST. DORAL, FL 33172
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2. Principal Place of Business 2600 SW 92 PLACE	3. Mailing Address 2600 SW 92 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252008 Chg-P CR2E034 (11/05)

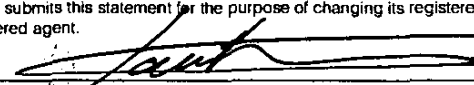
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33165	Zip 33165
Country USA	Country USA

4. FEI Number 20-2826931	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTEGA-MARCOS A. 10820 NW 30TH ST. DORAL, FL 33172

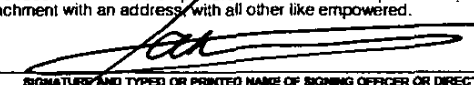
7. Name and Address of New Registered Agent Name JAVIER HERMIDA Street Address (P.O. Box Number is Not Acceptable) 2600 SW 92 PLACE City MIAMI FL Zip Code 33165
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/25/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMIDA, JAVIER 10820 NW 30TH ST. DORAL, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLE, ALEJANDRO 10820 NW 30TH ST. DORAL, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, MARCOS A. 10820 NW 30TH ST. DORAL, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMIDA, JOSE 10820 NW 30TH ST. DORAL, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIO, DANIEL E. 10820 NW 30TH ST. DORAL, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAVIER HERMIDA 2600 SW 92 PLACE MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALEJANDRO MUELLE 1257 SW 21 ST MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARCOS A. ORTEGA 8000 SW 124 STREET MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSE HERMIDA 2600 SW 92 PLACE MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DANIEL E. PALACIO 5651 SW 88TH AVE MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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. SIGNATURE:  DATE 4/25/06 (305) 970-5208 Signature and typed or printed name of signing officer or director
