2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P05000075556

Entity Name: 4 B&B, INC.

Current Principal Place of Business:

1551 NE 167, APT. #601
N MIAMI BCH, FL 33162

New Principal Place of Business:

15055 NW 22 AVE
OPALOCKA, FL 33054

Current Mailing Address:

1551 NE 167, APT. #601
N MIAMI BCH, FL 33162

New Mailing Address:

15055 NW 22 AVE
OPALOCKA, FL 33054

FEI Number: 20-3038769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLAP, S.K. MD
1551 NE 167, APT. #601
N MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

ALLAP, S.K. MD
15055 NW 22 AVE
OPALOCKA, FL 33054 US

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.

SIGNATURE: S.K MD ALLAP 04/21/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ALLAP, S.K. MD
Address: 1551 NE 167, APT. #601
City-St-Zip: N MIAMI BCH, FL 33162

Title: VD ( ) Delete
Name: BABU, SHEIK
Address: 1551 NE 167, APT. #601
City-St-Zip: N MIAMI BCH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALLAP, S.K. MD
Address: 15055 NW 22 AVE
City-St-Zip: OPALOCKA, FL 33054

Title: VP (X) Change ( ) Addition
Name: BABU, SHEIK
Address: 15055 NW 22 AVE
City-St-Zip: OPALOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S.K MD ALLAP PD 04/21/2009
Electronic Signature of Signing Officer or Director Date