

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90002 045 ***150.00

DOCUMENT # P05000165962

1. Entity Name
BBD PROPERTIES, INC



Principal Place of Business
13710 NW 20TH STREET
PEMBROKE PINES, FL 33028

Mailing Address
13710 NW 20TH STREET
PEMBROKE PINES, FL 33028

50021206



2. Principal Place of Business

1152 N UNIVERSITY DR

Suite, Apt. #, etc.

STE 301

City & State

PEMBROKE PINES FL

Zip

33624

Country

US

3. Mailing Address

1152 N UNIVERSITY DR

Suite, Apt. #, etc.

STE 301

City & State

PEMBROKE PINES

Zip

33024

Country

US

06062006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-4051922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JULIAN, JOY
13710 NW 20TH STREET
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DOLSINGH, BINDRA**
STREET ADDRESS **13710 NW 20TH STREET**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

BINDRA DOLSINGH **BINDRA DOLSINGH** **PRESIDENT**

Date

Daytime Phone #