

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026868

Entity Name: BBT MANAGEMENT INC.

FILED
Mar 06, 2007
Secretary of State

Current Principal Place of Business:

1000 N.W. 54TH STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

230 SW 159 WAY
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 20-4359988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRES, ARLENE
7005 N. WATERWAY
SUITE 305
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

JONES, TIMOTHY
230 SW 159 WAY
SUNRISE, FL 33326 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: TIMOTHY JONES

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, TIMOTHY S
Address: 1000 N.W. 54 STREET
City-St-Zip: MIAMI, FL 33127

Title: VP () Delete
Name: JONES, TIMOTHY S
Address: 1000 N.W. 54 STREET
City-St-Zip: MIAMI, FL 33127

Title: SEC () Delete
Name: JONES, TIMOTHY S
Address: 1000 N.W. 54 STREET
City-St-Zip: MIAMI, FL 33127

Title: TR () Delete
Name: JONES, TIMOTHY S
Address: 1000 N.W. 54 STREET
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY JONES

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date