

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-08-2007 90035 048 ***150.00

DOCUMENT # P06000042020			
1. Entity Name BBA FLORIDA SERVICES, INC.			
Principal Place of Business 9314 FOREST HILL BLVD. WELLINGTON, FL 33411		Mailing Address 9314 FOREST HILL BLVD. WELLINGTON, FL 33411	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4642696		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNN, MARK J ESQ 2101 W COMMERCIAL BLVD SUITE 2800 FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Linda Huston 2137 Meadowbreeze Drive Wellington FL 33914	
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 <u>Linda Huston</u> <u>Linda Huston</u> <u>1/30/07</u> Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when removing) DATE			
9. FILE MONTH - FEB IS \$150.00 After May 1, 2007 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GHARAKHANI, ARMINEH 2101 W COMMERCIAL BLVD SUITE 2800 FT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	