## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam BBM INV	18	# P07000078 its, inc			04-21-2008	90088 (	)24 ***15	50.00		
Principal Place 1451 WEST SUITE 300 FORT LAUDE	CYPRESS CR	REEK RD	Mailing Address 1451 WEST CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE, FL 33309			i aanu laan aani aani aan				
Principal Place of Business - No P.O. Box #     Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State		4. FEI Numb	er 049067	8	No	oplied For ot Applicable	
Zip	Country		Zip	<u> </u>		<u> </u>	of Status Desired		\$8.75 Add Fee Require	
*	6. Name	and Address of Current		7. Name and Address of New Registered Agent Name						
HUMBER, LAMONT 1451 WEST CYPRESS CREEK RD					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 300 Applied FORT LAUDERDALE, FL 33309							<u></u> .			······································
					City			FL	Zip Cod	0
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 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financ Trust Fund Contribution.						5.00 May Be ded to Fees				
10. OFFICERS AND DIR				CTORS 11.			CHANGES TO OFF	ICERS AND		
TITLE NAME STREET ADDRESS DITY-ST-ZIP	NAME HUMBER, LAMONT STREET ADDRESS 1451 WEST CYPRESS CREEK RD SUITE 3				E E EET ADDRESS -ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				·		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
of the corp	poration or th	e receiver or trustee empo	this filing does not qualify for true and accurate and that r wered to execute this report with all other like empowered	as requir	emptions containe ure shall have the red by Chapter 60	d in Chapter 119 same legal effec 17, Florida Statute	), Florida Statutes. I ct as if made under o s; and that my nam	further cert path; that I a e appears in	ify that the in am an officer of Block 10 or	nformation or director Block 11 if