


2005-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 027 ***150.00

DOCUMENT # P94000025769 1. Entity Name BBR CORP.					
Principal Place of Business MASSACHUSETTS LONGBOAT KEY, FL 34228			Mailing Address 5523 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228		
2. Principal Place of Business MASSACHUSETTS		3. Mailing Address			
Suite, Apt. #, etc. <i>12 Twinbrook Circle</i> 108 WOODSIDE TERRACE		Suite, Apt. #, etc.			
City & State LONGMEADOW, MA		City & State		4. FEI Number 65-0480484	
Zip 01106		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGOFF, LESTER H 5523 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BOGOFF, GARY A 25 OLD MAIN ROAD MONTGOMERY, MA 01085	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REITER, LESLY A 408 WOODSIDE DRIVE 12 Twinbrook Circle LONGMEADOW, MA 01106	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUSH, WENDY E 72 GREEN HILL RD LONGMEADOW, MA 01106	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Lesly A. Reiter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-6-05 413-567-9321 <small>Date Daytime Phone #</small>	