

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90982 047 ***150.00

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1. Entity Name
B & B MARKETING NETWORK, INC.

Principal Place of Business
**8226 NW SOUTH RIVER DR
MEDLEY FL 33166
US**

Mailing Address
**P.O. BOX 351270
MIAMI FL 33135
US**

11022139



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0536210**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANCO, OMAR
8226 NW SOUTH RIVER DR
MEDLEY FL 33166**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. 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 **STPD** Delete
NAME **BLANCO, OMAR**
STREET ADDRESS **6730 BROOKLINE DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **D** Change Addition
NAME **BLANCO, OMAR**
STREET ADDRESS **6730 Brookline Drive**
CITY-ST-ZIP **Hialeah, Florida 33015**

TITLE **T** Delete
NAME **BLANCO, SILVIA**
STREET ADDRESS **6730 BROOKLINE DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **D** Change Addition
NAME **BLANCO, SILVIA**
STREET ADDRESS **6730 Brookline Drive**
CITY-ST-ZIP **Hialeah, Florida 33015**

TITLE **S** Delete
NAME **BLANCO, OMAR JR**
STREET ADDRESS **6736 BROOKLINE DR**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **STPD** Change Addition
NAME **BLANCO, OMAR JR.**
STREET ADDRESS **6736 Brookline Drive**
CITY-ST-ZIP **Hialeah, Florida 33015**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03

CR2E034 (10/02)