


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000017320

1. Entity Name
BILBAO INVESTMENT GROUP, INC.



Principal Place of Business Mailing Address

6745 GADWALL LANE **6745 GADWALL LANE**
ORLANDO, FL 32810 **ORLANDO, FL 32810**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0563172 *Not Applicable*

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

6. Name and Address of Current Registered Agent

ACOSTA, OTTO
6745 GADWALL LN
ORLANDO, FL 32810

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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 use if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000001296
 01/24/06-80040-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ACOSTA, JOEL 2503 E JACKSON ST 32 803 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ACOSTA, IDOLIDIA 6790 W 6TH CT. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ACOSTA, IDOLDIA 6790 W 6TH CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACOSTA, MONICA 6754 CALLIE AVE ORLANDO, FL 32816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **JOEL ACOSTA** 1-17-06 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #