


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90009 038 \*\*\*150.00

<b>DOCUMENT # P96000004421</b> 1. Entity Name <b>BB INTERNATIONAL OF NAPLES, INC.</b>					
Principal Place of Business <b>6515 THOMAS JEFFERSON CT NAPLES, FL 34108</b>			Mailing Address <b>6515 THOMAS JEFFERSON CT NAPLES, FL 34108</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>28000 SPANISH WELLS BLVD</b> Suite, Apt. #, etc.		
City & State Zip Country			City & State <b>BONITA SPRINGS, FL</b> Zip Country <b>34135</b>		
4. FEI Number <b>65-0752871</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>EURO AMERICAN FINANCIAL SERVICES, INC 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent Name <b>ALLURE ACCOUNTING, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>28000 SPANISH WELLS BLVD</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</b>		
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><i>[Signature]</i></u> <b>MARENA LOEFFLER, AGENT</b> DATE <b>07/07/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <b>BUETOW, KLAUS</b> <b>6515 THOMAS JEFFERSON CT NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <b>BUETOW, SUSANNE</b> <b>6515 THOMAS JEFFERSON CT NAPLES, FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u> <b>KLAUS BUETOW, PRESIDENT</b> DATE <b>07/07/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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