


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State


05-03-2006 90206 040 ***150.00

DOCUMENT # P96000042669 1. Entity Name BBSC STORES, INC.	
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Principal Place of Business C/O MICHAEL EVANGELISTI 349 IDLEWYLD DRIVE FORT LAUDERDALE, FL 33301	Mailing Address C/O MICHAEL EVANGELISTI 349 IDLEWYLD DRIVE FORT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE

40080994



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0666280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EVANGELISTI, MICHAEL 349 IDLEWYLD DRIVE FT. LAUDERDALE, FL 33301	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD EVANGELISTI, MICHAEL 349 IDLEWYLD DRIVE FORT LAUDERDALE, FL 33301
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**DO NOT WRITE
IN THIS SPACE**

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: *Cheryl Joy Cheryl Joy* **Cheryl Joy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06 954-463-5546
Date Daytime Phone #