



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90278 023 ***150.00

DOCUMENT # P98000003177 1. Entity Name BBD INVESTMENTS, INC.					
Principal Place of Business 14546 BRUCE B DOWNS BLVD TAMPA, FL 33613			Mailing Address PO BOX 290766 TAMPA, FL 33687-0766		
2. Principal Place of Business		3. Mailing Address 212 E Cass St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #			
City & State		City & State Tampa, FL			
Zip	Country	Zip 33602	Country US	4. FEI Number 59-3529892	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KHAN, MASOOD 4809 E BUSCH STE 202 TAMPA, FL 33617			Name Street Address (P.O. Box Number is Not Acceptable) 212 E Cass St. City Tampa FL 33602		
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, 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	D KHAN, MASOOD 4809 E BUSCH STE 202 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	212 E Cass St. Tampa, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHAN, NANCY C 4807 E BUSCH STE 202 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	212 E Cass St. Tampa, FL 33602 <input checked="" 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		
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: 			(813) 985-7899		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		