

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000051001

1. Entity Name
B&D FAMILY HOLDINGS, INC.



Principal Place of Business

3325 S UNIVERSITY DR, #210
DAVIE, FL 33328

Mailing Address

3325 S UNIVERSITY DR, #210
DAVIE, FL 33328

FILED
May 01, 2007 08:00
Secretary of State



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0874728	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC.
3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
DAVIE, FL 33328-2020

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, BARRY 3325 S. UNIVERSITY DR, #210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, DIANE 3325 S UNIVERSITY DR, #210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/07-80051-007 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #