
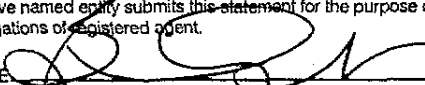
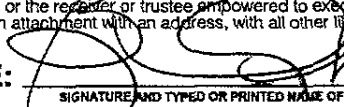


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000096372</b> 1. Entity Name B P AND ASSOCIATES OF MIAMI, INC.		
Principal Place of Business 512 SW 109 AVENUE MIAMI, FL 33174		Mailing Address 512 SW 109 AVENUE MIAMI, FL 33174
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PADRON, BARBARA 11930 SW 3 ST MIAMI, FL 33184		<b>DO NOT WRITE IN THIS SPACE</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  (NOTE: Registered Agent signature required when reinstating) DATE <u>4/27/06</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PADRON, BARBARA 11930 SW 3 ST. MIAMI, FL 33184	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRM PADRON, BARBARA 11930 SW 3 ST. MIAMI, FL 33184	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 registered agent 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 information empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/27/06</u> DAYTIME PHONE # <u>305-220-0120</u>



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0875496	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000553373  
05/15/06-80047-018 158.75

**DO NOT WRITE  
IN THIS SPACE**