2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000107144 03-15-2004 90056 047 ***158.75 B & B ACQUISITION HOLDINGS, INC. Mailing Address Principal Place of Business 24021204 8181 W. BROWARD BLVD., STE. 255 8181 W. BROWARD BLVD., STE. 255 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address 133 NW 100 Avenue 133 NW 100 Averne Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E034 (10/03) Chg-P City & State Plantation City & State 4. FEL Number Applied For Partanz 65-0967180 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33324 53324 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STÁŘK. BARRY Street Address (P.O. Box Number is Not Acceptable) 8181 W. BROWARD BLVD., SUITE 255 NW 100 Avenue FORT LAUDERDALE, FL 33324 Plantation Zip Code **333*** 8. The above named entity submits this statement to its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Darry Stark 03/10/04 SIGNATURE. agent and title if applicable. Signature (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE Delete TITLE ■ Addition Stark, Barry 133 NW 100 Avenue NAME STARK, BARRY NAME STREET ADDRESS 8181 W. BROWARD BLVD., STE. 255 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33324 Plantation. ft 33324 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME, , 🕹 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption 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 significant specifies the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee showered 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 a paddress, with all other like empowered. of the corporation or the receiver or trustee changed, or on an attachment with a add 03/10/04 954-434-434 SIGNATURE: TUBE AND TYPED OR P

FILED Mar 15, 2004 8:00 am