

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90052 014 ***150.00

DOCUMENT # G20865
 1. Entity Name
 B & B HOLDING CORP.



Principal Place of Business: 505 S FLAGLER DRIVE, SUITE 300, WEST PALM BEACH FL 33401
 Mailing Address: MRS. HILAIRE BECK, 817 FIFTH AVENUE, 5TH FLOOR, NEW YORK NY 10021

J001730J



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: One N. Clematis Street
 Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: West Palm Beach, FL
 Zip: 33401 Country: U.S.

4. FEI Number: 58-1502092
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHOPIN, L. FRANK
 505 S FLAGLER DRIVE
 SUITE 300
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): One N. Clematis Street
 City: West Palm Beach State: FL Zip Code: 33401

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE: PDS NAME: BECK, HILAIRE STREET ADDRESS: 817 FIFTH AVE, 5TH FLOOR CITY-ST-ZIP: NEW YORK, NY 10021	<input type="checkbox"/> Delete	
TITLE: T NAME: BECK, CATHY STREET ADDRESS: 181 E 73 ST., APT 16F CITY-ST-ZIP: NEW YORK NY 10021	<input type="checkbox"/> Delete	
TITLE: VP NAME: GORDON, JAMIE STREET ADDRESS: 628 ORIENTA AVENUE CITY-ST-ZIP: MAMARONECK NY 10543	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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: Hilaire Beck DATE: 2/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #