2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # 659171

1. Entity Name
BULLET ONE, INC.

Principal Place of Business	Mailing Address
15959 NW 15TH AVENUE MIAMI, FL 33169	15959 NW 15TH AVENUE MIAMI, FL 33169

05162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1980386

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, WILLIAM
15959 NW 15TH AVE
MIAMI, FL 33169

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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 [illegible])

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VASD
NAME	FARR, NEAL E
STREET ADDRESS	1623 MICANOPY AVENUE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	PD
NAME	ROSENFELD, WILLIAM
STREET ADDRESS	15959 N.W. 15 AVE.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	DS
NAME	KRAMER, KANDY
STREET ADDRESS	1801 W 27TH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DCEO
NAME	KRAMER, JEFFREY A
STREET ADDRESS	1801 W 27TH STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80059-012 150.00

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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: _____ 5/15/2007 305-623-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #