

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 659171		
1. Entity Name BULLET ONE, INC.		
Principal Place of Business 15959 NW 15TH AVENUE MIAMI, FL 33169	Mailing Address 15959 NW 15TH AVENUE MIAMI, FL 33169	



02082008 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

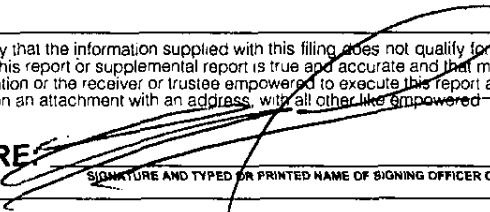
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VASD FARR, NEAL E 1623 MICANOPY AVENUE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROSENFELD, WILLIAM 15959 N.W. 15 AVE. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS KRAMER, KANDY 1801 W 27TH STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DCEO KRAMER, JEFFREY A 1801 W 27TH STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/26/08-80013-010 150.00

DO NOT WRITE 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  **NEAL E. FARR** **2/12/08** **305-623-9223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #