## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 659171** 

FILED Mar 11, 2009 Secretary of State

| Entity Nan  | ne: BULLET C  | DNE, INC.                       |          |  |  |              |                          |
|---|---|---------------------------------|----------|--|--|--------------|--------------------------|
| Current Principal Place of Business:                          |   |                                 |          | New Principal Place of Business:   |  |              |                          |
| 15959 NW 15TH AVENUE<br>MIAMI, FL 33169                       |   |                                 |          | 1680 MERIDIAN AVE<br>SUITE 600<br>MIAMI BEACH, FL 33139                          |  |              |                          |
| Current Mailing Address:                                      |   |                                 |          | New Mailing Address:   |  |              |                          |
| 15959 NW 15TH AVENUE<br>MIAMI, FL 33169                       |   |                                 |          | 1680 MERIDIAN AVE<br>SUITE 600<br>MIAMI BEACH, FL 33139                          |  |              |                          |
| FEI Number:   | 59-1980386  | FEI Number Applied For ( )      | FEI Nun  | nber Not Appl  | icable ( )   | Certificat   | e of Status Desired ( )  |
| Name and  | Address of C  | urrent Registered Agent:        | Name and | Name and Address of New Registered Agent:  |  |              |                          |
| ROSENFELD, WILLIAM<br>15959 NW 15TH AVE<br>MIAMI, FL 33169 US |   |                                 |          | ROSENFELD, WILLIAM<br>1680 MERIDIAN AVE<br>SUITE 600<br>MIAMI BEACH, FL 33139 US |  |              |                          |
| The above in the State  |   | ubmits this statement for the p | urpose o | f changing it  | ts registered o  | office or re | gistered agent, or both, |
| SIGNATURE:  |   |                                 |          | 03/11/2009   |  |              |                          |
|   | Electroni   | c Signature of Registered Age   | nt       |  |  |              | Date                     |
| Election Can  | npaign Financing  | Trust Fund Contribution ( ).    |          |  |  |              |                          |
| OFFICERS AND DIRECTORS:                                       |   |                                 |          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                                     |  |              |                          |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | VASD ()<br>FARR, NEAL E<br>1623 MICANOP<br>COCONUT GRO      |                                 |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | ( )  | ) Change(    | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | PD ()<br>ROSENFELD, W<br>15959 N.W. 15 /<br>MIAMI, FL 3316  | NE.                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                                      | PD (X<br>ROSENFELD, V<br>1680 MERIDIAI<br>MIAMI BEACH, | N AVE        | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | DS ()<br>KRAMER, KAND<br>1801 W 27TH S'<br>MIAMI BEACH, F   | TREET                           |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                                      |  | ) Change(    | ) Addition               |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                   | DCEO ()<br>KRAMER, JEFFI<br>1801 W 27TH S<br>MIAMI BEACH, F | TREET                           |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                                      |  | ) Change(    | ) Addition               |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ROSENFELD PD 03/11/2009