2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 664288

1. Entity Name
BUNKERS, INC.

Principal Place of Business
1802 N.W. 37TH AVENUE
MIAMI, FL 33125

Mailing Address
1802 N.W. 37TH AVENUE
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

04/16/04 90128 032 $150⁰⁰

07082004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number	Applied For
59-2007466	Not Applicable

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

---

6. Name and Address of Current Registered Agent

DELUCCA, CHARLES
1802 NW 37TH AVE
MIAMI, FL 33125

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_____

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10.　OFFICERS AND DIRECTORS

TITLE	PST
NAME	DELUCCA, CHARLES
STREET ADDRESS	1802 N.W. 37TH AVE.
CITY-ST-ZIP	MIAMI, FL

TITLE	VD
NAME	DELUCCA, CHARLES
STREET ADDRESS	1802 N.W. 37TH AVE.
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _____　7/16/04　305 765 9029

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