04/29/2005 10:03 9543951726 MARK D WAI

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90429 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000011905

1. Entity Name
BOLUFER, INC.

Principal Place of Business	Mailing Address
16959 SW 16 ST HOLLYWOOD, FL 33027-1412	16959 SW 16 ST HOLLYWOOD, FL 33027-1412

DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E084 (10/03)

4. FEI Number
14-1870456
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLUFER, FERNANDO A
16959 SW 16 ST
HOLLYWOOD, FL 33027-1412

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLUFER, FERNANDO A
STREET ADDRESS	16959 SW 16 ST
CITY-ST-ZIP	HOLLYWOOD, FL 330271412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____ FERNANDO A. BOLUFER 4/29/05 305-822-5826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #