


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90036 023 ***150.00

DOCUMENT # P04000135827

1. Entity Name
BULLHIDE HAT COMPANY INC.



Principal Place of Business
 12240 S.W. 53RD STREET # 507
 COOPER CITY, FL 33330

Mailing Address
 12399 SW 53RD ST.
 101
 COOPER CITY, FL 33330

2. Principal Place of Business - No P.O. Box #
20861 Johnson St
 Suite, Apt. #, etc.
112
 City & State
Pembroke Pine, FL
 Zip
33029 Country
USA

3. Mailing Address
20861 Johnson St
 Suite, Apt. #, etc.
112
 City & State
Pembroke Pine, FL
 Zip
33029 Country
USA



04082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1254520 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CURY, JORGE
~~X2240 S.W. 53RD STREET # 507~~
~~X20861 JOHNSON ST # 112~~
20861 Johnson St Ste.#112
PEMBROKE Pine, FL 33029

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|---|
| TITLE D NAME CURY, SAMIR STREET ADDRESS 3482 BRADENHAM LN CITY-ST-ZIP FORT LAUDERDALE, FL 33328 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME CURY, JORGE STREET ADDRESS 14012 NW 15TH DR. CITY-ST-ZIP PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Samir Cury 04/15/08 954-843-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Samir Cury