2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000031865

FILED Apr 28, 2003 Secretary of State

Entity Name: BUFFALO SOLDIER ISLAND RESTAURANT, INC.

Current Principal Place of Business: 1143 AVE D FT PIERCE, FL 34950			New Principal Place of Business:	
Current Mailing Address:			New Mailing Address:	
FT PIERCE, FL 34950 FEI Number: 65-1093685 FEI Number Applied For ()		FEI Number Not Applicable()	Certificate of Status Desired()	
Name and	Address of C	Surrent Registered Agent:	Name and Address o	f New Registered Agent:
109 TRÓP	ERONICA IC COURT E, FL 34946	US		
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Campaign Financing Trust Fund Contribution(). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete THER	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	VTD () REECE, LILLIE 1143 AVE D FT PIERCE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () THOMAS, ROB 1143 AVE D FT PIERCE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LILLIETH REECE TREA 04/28/2003