

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FI**

**Aug 16, 2004  
Secret**

**DOCUMENT # 462265**

1. Entity Name  
**BUGALLO ENTERPRISES, INC.**



Principal Place of Business  
**7200 N. W. 36 ST.  
MIAMI, FL 33166**

Mailing Address  
**7200 N. W. 36 ST.  
MIAMI, FL 33166**



08142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1560333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BUGALLO, ROBERTO  
9200 S.W. 66 STREET  
MIAMI, FL 33100**

**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: *Roberto Bugallo* *ROBERTO BUGALLO* *7/31/04*  
Signature, typed or printed name of registered agent and Title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BUGALLO, MARTHA M 9200 S.W. 66 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GONZALEZ, TERESA 6040 S.W. 82ND AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUGALLO, ROBERTO A 9200 SW 66ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BUGALLO, SERVIA 9200 SW 66 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/16/04-80005-012 150.00

**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 19.07(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: *Roberto Bugallo* *ROBERTO BUGALLO* *7/31/04* *(305) 271-9839*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #