

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 20 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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
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DO NOT WRITE IN THIS SPACE

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

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