
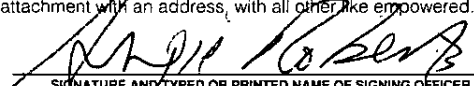


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90090 001 ***150.00

DOCUMENT # 677006					
1. Entity Name BULLET 79 CONSTRUCTION CO.					
Principal Place of Business 13955 S.W. 140 STREET MIAMI FL 33186			Mailing Address 13955 S.W. 140 STREET MIAMI FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2009063	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NODARSE, ROGER 12201 S.W. 92ND AVE. MIAMI FL 33176			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS <input type="checkbox"/> Delete	TITLE	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NODARSE, ROGER	NAME	(He is no longer the Secretary)		
STREET ADDRESS	12201 S.W. 92ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBERTS, ANGIE	NAME	(Secretary was added to her title)		
STREET ADDRESS	12201 S.W. 92ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NODARSE, ROGER	NAME			
STREET ADDRESS	12201 S.W. 92ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Angie Roberts		1/22/2004 305-233-9073	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	