


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90033 046 ***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	
Zip	Country	Zip	Country

50009254



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2009063		Applied For <input type="checkbox"/> Not Applicable	
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	
Name NODARSE, ROGER		Name	
Street Address (P.O. Box Number is Not Acceptable) (Address change only) 12201 S.W. 92ND AVE.		Street Address (P.O. Box Number is Not Acceptable) (Address change only) 12221 S.W. 92 Avenue	
City MIAMI FL		City Miami FL	
Zip 33176		Zip Code 33176	

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, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NODARSE, ROGER 12201 S.W. 92ND AVE. MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12221 S.W. 92 Avenue Miami, Florida 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROBERTS, ANGIE 12201 S.W. 92ND AVE. MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition *You listed a "P" in error. Only "V" and "S" are correct. 12221 S.W. 92 Avenue Miami, Florida 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NODARSE, ROGER 12201 S.W. 92ND AVE. MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12221 S.W. 92 Avenue Miami, Florida 33176
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
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
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

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* **Angie Roberts** 1/25/2005 305-233-9073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #