2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G28116				SECRETARY OF STATE					
1. Entity Name BAMBI - INTERNATIONAL, INC.						VISION OF CO			
					Ç	15 MAR 22	AM IO: 2	0	
Principal Place of Business Mailing Address 3025 SHAMROCK SOUTH 3025 SHAMROCK SOUTH TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308					:				
2. Principal Place of Business 10314 S. W. 484 Place Suite, Apt. #, etc. 3. Mailing Address 10314 S. W. 48 Place Suite, Apt. #, etc.									
Suite, Apt. #, etc. Suite, Apt. #, etc.					03232005	Chg-P	CR2E03	4 (10/03)	
City & State Sames VILL, FL Zip Country		City & State Gainesville		4. FEI Numb 59-226				plied For of Applicable	
32608 0	15A -	32608	Country	USA.	5. Certificate	of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DEL VALLE, JORGE J 3025 SHAMROCK SOUTH TALLAHASSEE, FL 32308 Street Address (P. 10314)						er is Not Acceptat	ACE		
			C	City Garage			FI	Zip Cod	P
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11.		ADDITIONS	/CHANGES TO OF			
TITLE PVST Delete NAME DEL VALLE, JORGE J			title Name					Change	Addition
STREET ADDRESS 3025 SHAM! CITY-ST-ZIP TALLAHASS		OTTY-ST-	- 1	[03] Gan	y s.w.	H 32	608		
TITLE		☐ Delete	TITLE			<i>w.</i> ,	7 + 7-	☐ Change	☐ Addition
NAME STREET ADDRESS	ET ADDRESS		NAME STREET AD	DORESS					
CITY-ST-ZIP TITLE	☐ Delete			ZIP				☐ Change	Addition
NAME STREET ADDRESS			TITLE NAME STREET AC	ODDECC	•				
l I				ZIP					
TITLE NAME	☐ Delete								☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET AD		100049345911 03/29/0501025021 **150.00				
TITLE	LE Delete							☐ Change	Addition
STREET ADDRESS			NAME Street ad	DDRESS					
				ZIP				☐ Change	Addition
AME			TITLE NAME					Collade	
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2						
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNAFORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Priore 8									