

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K47850

1. Entity Name

BUFFALO INTERNATIONAL, INC.



Principal Place of Business

2555 ENTERPRISE ROAD, SUITE 11-1
CLEARWATER, FL 33763 US

Mailing Address

2555 ENTERPRISE ROAD, SUITE 11-1
CLEARWATER, FL 33763 US



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2918226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, CARTER B
201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PETOT, FRANCOIS C
STREET ADDRESS 2780 WESTCHESTER DR. S.
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE DST
NAME PETOT, KATHRYN
STREET ADDRESS 2780 WESTCHESTER DR. S.
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000553096
05/15/06-80038-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
Date: 5-24-06 Daytime Phone #: 727.796.4618