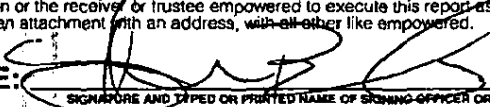


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/14

FILED
Jul 02, 2004 8:00 am
Secretary of State

06-14-2004 90004 027 ***500.00
07-02-2004 90004 024 ****50.00

DOCUMENT # P00000039322					
1. Entity Name A. M. BUFALO ENTERPRISE, INC.					
Principal Place of Business 3592 ALOMA AVE STE #1 WINTER PARK FL 32792			Mailing Address 3592 ALOMA AVE STE #1 WINTER PARK FL 32792		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3619342	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALFI, DOMINICK J 999 DOUGLAS AVENUE SUITE 3333 ALTAMONTE SPRINGS FL 32714			7. Name and Address of New Registered Agent		
			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. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BUFALO, ANTHONY M		NAME		
STREET ADDRESS	1272 GALLANT FOX WAY		STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL 32768		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	QUINONES, ALFREDO		NAME		
STREET ADDRESS	2965 STARWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HOMER, RONALD E		NAME		
STREET ADDRESS	5217 N. S INDIANA AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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)(f), 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					



MOORE CR2E034 (11/03)

6-10-04 407-679-3888
Date Daytime Phone #