2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000094465 1. Entity Name BULLDOG BUILDING GROUP, INC.



Apr 23, 2003 8:00 am § Secretary of State

Principal Place of Business 885 33RD AVENUE VERO BEACH FL 32960		Mailing Address 885 33RD AVENUE VERO BEACH FL 32960								
2. Principal Place of Business		3. Mailing Address				11888	AL BUL BULLS BOLLI ABLIK UBIKS BUL -	il Egilə idili bidil qıdış	EIIB) B} } B	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State				4. FEI Numbe	65-1046279		oplied For ot Applicable	
Zip	Country	Zip	C	ountry		5. Certificate	of Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent						7. Name and	Address of New Regis	tered Agent		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Name Street A	MARY DIDLO					
CORAL GABLES FL 33134										
				City	 10-r	o Be	nch	FL Zip Good	le .	
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, types or printed carb of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						l l	ection Campaign Financi est Fund Contribution.		0 May Be d to Fees	
10.	OFFICERS AND			11.	-	ADDITIONS/	CHANGES TO OFFICER	RS AND DIRECTOR	S [N 11	
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NAME	KAY, GARY			NAME CERTEX ARRESCO	. 3,	(DC)	S OF THE SALE		Ì	
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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:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #