

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000003638



1. Entity Name
BUNNIE STRAUB, INC.

Principal Place of Business
300 E ROYAL PALM RD
35C
BOCA RATON, FL 33432

Mailing Address
300 E ROYAL PALM RD
35C
BOCA RATON, FL 33432

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07022004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1066530

\$8.75 Additional
Fee Required

Applied For

Not Applicable

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent:

**STRAUB, BUNNIE
301 E. ROYAL PALM ROAD - 1-F
BOCA RATON, FL 33432**

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

BUNNIE STRAUB

7/1/04

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME STRUB, BUNNIE *BUNNIE STRAUB*
STREET ADDRESS 300 E ROYAL PALM RD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE Change Addition
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Change Addition
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Change Addition
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Change Addition
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
NAME STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP

TITLE Change Addition
NAME STREET ADDRESS
STREET ADDRESS 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)(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: *BUNNIE STRAUB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04 561-417-3803

Date

Daytime Phone #

**FILED
Jul 06, 2004 8:00 am
Secretary of State**

07-06-2004 90148 001 ***150.00

07-06-2004 90148 002 *****8.75