

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011438

FILED  
Apr 10, 2004  
Secretary of State

Entity Name: BU & BU, INC.

**Current Principal Place of Business:**

6503 WINDFIELD BLVD., #121  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6503 WINDFIELD BLVD., #121  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 65-1073076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUREL, MARCELA  
6503 WINDFIELD BLVD., #121  
MARGATE, FL 33063

**Name and Address of New Registered Agent:**

CURELL, MARCELA  
6503 WINDFIELD BLVD., #121  
MARGATE, FL 33063

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.

SIGNATURE: CURELL, MARCELA

04/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUDAS, ROBERTO A  
Address: 6503 WINDFIELD BLVD., #121  
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete  
Name: CUREL, MARCELA  
Address: 6503 WINDFIELD BLVD., #121  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CURELL, MARCELA  
Address: 6503 WINDFIELD BLVD., #121  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUDAS, ROBERTO A.

D

04/10/2004

Electronic Signature of Signing Officer or Director

Date