


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 017 ***150.00

DOCUMENT PO1000063853	
1. Entity Name BUGALU ICE CREAM CORP.	

Principal Place of Business 804 HAMPTON CT WESTON FL 33326	Mailing Address
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44046479

2. Principal Place of Business 804 HAMPTON CT Suite, Apt. #, etc.	3. Mailing Address 804 HAMPTON CT Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State WESTON FL	City & State WESTON FL
Zip 33326	Zip 33326
Country FL	Country FL

4. FEI Number 65-1141700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLADYS D. MARIN 804 HAMPTON CT WESTON - FL - 33326	
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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 GLADYS MARIN DATE 06-04/04	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVP NAME STREET ADDRESS CITY-ST-ZIP GLADYS D. MARIN 804 HAMPTON CT WESTON - FL 33326	<input type="checkbox"/> Delete	TITLE ST NAME STREET ADDRESS CITY-ST-ZIP GLORIA E. SANCHEZ 4313 DIAMOND TERRA WESTON - FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GLADYS MARIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 06-04-04 (954) 3491046 Date Daytime Phone #

Attachment

44046479

Miami, FI June 3, 2004

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, FI 32302-1500

BUGALU ICE CREAM CORP.

P01000063853.

Dear Sir or Madam:


I wish to inform you that I never received the 2004 Uniform Business Report for BUGALU ICE CREAM CORP. document Number P01000063853.

I have only now realized that I owe the 2004 fees, and respectfully request that BUGALU ICE CREAM, CORP. be excused from paying the some penalty.

Please find attached for filing the 2004 U B R duly completed and signed.

Many thanks for your attention.

Yours truly,


GLADYS MARIN D.
PRESIDENT