


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90097 030 ***150.00

DOCUMENT # P01000120670 1. Entity Name BINTU LIMITED, INC.					
Principal Place of Business P.O. BOX 8852 CORAL SPRINGS, FL 33075			Mailing Address P.O. BOX 8852 CORAL SPRINGS, FL 33075		
2. Principal Place of Business 934 N. UNIVERSITY DR STE 132 CORAL SPRINGS, FL		3. Mailing Address 934 N. UNIVERSITY DR STE 132 CORAL SPRINGS, FL			
Suite, Apt. #, etc. STE 132		Suite, Apt. #, etc. STE 132			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
Zip 33071		Country USA		Zip 33071	
Country USA		4. FEI Number 01-0578959			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TUSSING, NICK 934 N UNIVERSITY DR STE 132 POMPANO BEACH, FL 33071					
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: <u><i>Nick Tusling</i></u> DATE: <u>4-12-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TUSSING, NICK P.O. BOX 8852 CORAL SPRINGS, FL 33075				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TUSSING, IAN P.O. BOX 8852 CORAL SPRINGS, FL 33075				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TUSSING, BRENT P.O. BOX 8852 CORAL SPRINGS, FL 33075				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TUSSING, NICK 934 N. UNIVERSITY DR, STE 132 CORAL SPRINGS, FL 33071					
V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TUSSING, IAN 934 N. UNIVERSITY DR, STE 132 CORAL SPRINGS, FL 33071					
V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TUSSING, BRENT 934 N. UNIVERSITY DR, STE 132 CORAL SPRINGS, FL 33071					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: <u><i>Nick Tusling</i></u> DATE: <u>4-12-04</u> 954-255-1954 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					