

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90353 036 ***150.00

| | | | | | | |
|--|---------------------------------------|---|---|--|---|--|
| DOCUMENT # P02000002183 | | | | | | |
| 1. Entity Name BUSLAM COMPANY, INC. | | | | | | |
| Principal Place of Business 11800 SW 18 ST., APT. 113 MIAMI, FL 33175 | | | Mailing Address 7262 SW 158 AVE. MIAMI, FL 33193 | | | |
| 2. Principal Place of Business 12331 SW 28 STREET | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State MIAMI - FLORIDA | | City & State | | 4. FEI Number 03-0378348 | | |
| Zip 33175 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BUSTO, IVAN 11800 SW 18 ST., APT. 113 MIAMI, FL 33175 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE PD | NAME BUSTO, IVAN | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 11800 SW 18 ST., APT. 113 | CITY-ST-ZIP MIAMI, FL 33175 | | | NAME | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE VSD | NAME RODRIGUEZ, RAFAEL A | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 4889 S.W. 143 AVE. | CITY-ST-ZIP MIAMI, FL 33175 | | | NAME | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | |
| TITLE | | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | | 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: <i>Ivan Busto</i> | | | IVAN BUSTO P.D. | | 04/20/2004 (786) 281-5300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # | |