FROM : PIE20wJOD FAX NO. :

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Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90031 005 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000086952

1. Entity Name
BAMBU INVESTMENT CORP.

54013246

Principal Place of Business	Mailing Address
2080 S OCEAN DR 1904 HALLANDALE, FL 33009	2080 S OCEAN DR 1904 HALLANDALE, FL 33009
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number 33-1019375 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SERVER, DANIEL J
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180

7. Name and Address of New Registered Agent
Name HECTOR RABINOVICH
Street Address (P.O. Box Number is Not Acceptable) 2080 S. OCEAN DR #1904
City HALLANDALE FL Zip Code 33009

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 ______ 02/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After May 1, 2004 Fee will be $550.00 — Trust Fund Contribution ☐ — Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RABINOVICH, HECTOR 200 LESLIE DRIVE, #708 HALLANDALE, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RABINOVICH, HECTOR 2080 S OCEAN DR. #1904 HALLANDALE FL 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RABINOVICH, ESTRELLA 200 LESLIE DRIVE, #708 HALLANDALE, FL 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RABINOVICH, HECTOR 2080 S OCEAN DR #1904 HALLANDALE, FL 33009 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ______ 02/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #