


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P02000097360	
1. Entity Name BUSSY, INC.	

Principal Place of Business 6100 SW 15TH ST POMPANO BEACH, FL 33068	Mailing Address 6100 SW 15TH ST POMPANO BEACH, FL 33068
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2070116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUSTAMANTE, ZOILA
6100 SW 15TH ST
POMPANO BEACH, FL 33068**

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IN THIS SPACE**

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 _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	NAME BUSTAMANTE, ZOILA
STREET ADDRESS 6100 SW 15TH ST	CITY-ST-ZIP POMPANO BEACH, FL 33068
TITLE D	NAME BUSTAMANTE, MARIO
STREET ADDRESS 6100 SW 15TH ST	CITY-ST-ZIP POMPANO BEACH, FL 33068
TITLE VP	NAME BUSTAMANTE JR, MARIO
STREET ADDRESS 6100 SW 15TH ST	CITY-ST-ZIP POMPANO BEACH, FL 33068
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/25/07-80066-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Zoila Bustamante 4/2/07 974-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #