


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90291 015 ***150.00

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DOCUMENT # P02000116134 1. Entity Name BUBBLES AND SUDZ, INC.					
Principal Place of Business 17743 SW 24TH COURT MIRAMAR, FL 33029			Mailing Address 17743 SW 24TH COURT MIRAMAR, FL 33029		
2. Principal Place of Business		3. Mailing Address 5400 S. University Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 106			
City & State		City & State Davie, FL			
Zip	Country	Zip 33328	Country	4. FEI Number 56-2300306	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOULD, IRWIN JR 17743 SW 24TH COURT MIRAMAR, FL 33029				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 5400 S. University Dr #106 City Davie, State FL Zip Code 33328	
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 _____ <small>Signature, typed or printed name of registered agent and if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Irwin D. Gould, Jr. 5400 S. Univ Dr. #106 Davie, FL 33328		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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>Irwin D. Gould Jr</u> IRWIN GOULD JR 4/23/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					