2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2005
Secretary of State

DOCUMENT# P03000076823

Entity Name: BULE, INC.

Current Principal Place of Business:

1098 - 1102 NORMANDY DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

932 ESCOBAR AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 30-0190054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAL, MYRNA T
932 ESCOBAR AVENUE
CORAL GABLES,, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BUHOLZER, ISIDOR
Address: 3150 FLORIDA AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: DV ( ) Delete
Name: ROBLES-BUHOLZER, IRIS M
Address: 3150 FLORIDA AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: DV ( ) Delete
Name: LEAL, MYRNAT T
Address: 932 ESCOBAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: DST ( ) Delete
Name: LEAZ, FERNANDO R
Address: 6090 SW 104 ST
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: LEAL, MYRNA T
Address: 932 ESCOBAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: DST (X) Change ( ) Addition
Name: LEAL, FERNANDO R
Address: 6090 SW 104 ST
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRNA T. LEAL DV 01/23/2005

Electronic Signature of Signing Officer or Director — Date