

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90111 021 \*\*\*150.00

DOCUMENT # P03000076823

1. Entity Name  
BULE, INC.



Principal Place of Business  
1098 - 1102 NORMANDY DRIVE  
MIAMI BEACH, FL 33141

Mailing Address  
932 ESCOBAR AVENUE  
CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

3150 Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122006

Chg-P

CR2E034 (11/05)

City & State

City & State

Coconut Grove, FL

4. FEI Number

30-0190054

Applied For

Not Applicable

Zip

Country

Zip

33133

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Isidor Buholzer

Street Address (P.O. Box Number is Not Acceptable)

3150 Florida Avenue

City

Coconut Grove

FL

Zip Code

33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$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  
DP  
BUHOLZER, ISIDOR  
3150 FLORIDA AVE  
COCONUT GROVE, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
ROBLES-BUHOLZER, IRIS M  
3150 FLORIDA AVE  
COCONUT GROVE, FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
LEAL, MYRNA T  
932 ESCOBAR AVENUE  
CORAL GABLES, FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
LEAL, FERNANDO R  
6090 SW 104 ST  
PINECREST, FL 33156 ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

Date

(786) 287-6999

Daytime Phone #