

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P03000099348</b><br>1. Entity Name<br><b>BADUBE INDUSTRIES, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>20083 WEST KEY DRIVE</b><br><b>BOCA RATON, FL 33498 US</b>   |  |   | Mailing Address<br><b>20083 WEST KEY DRIVE</b><br><b>BOCA RATON, FL 33498 US</b>                 |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc. _____<br>City & State _____<br>Zip _____ Country _____   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc. _____<br>City & State _____<br>Zip _____ Country _____ |  |  |
|  |  |   |  |  |  |
| 4. FEI Number <b>07202005</b> Chg-P <b>CR2E034 (10/03)</b><br><b>30-0212197</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>   |  |   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>MAY, SAMUEL</b><br><b>20283 STATE RD. 7</b><br><b>SUITE 105</b><br><b>BOCA RATON, FL 33498</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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.<br>SIGNATURE <u><i>Samuel F May Jr</i></u> <u><i>Samuel F May Jr</i></u> <u><i>7/28/05</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MR. HARVEY, ZITRON PRES<br>20083 WEST KEY DRIVE<br>BOCA RATON, FL 33498  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |  |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000000375380<br>08/02/05-80003-005 155.00 |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <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><i>Harvey Zitron</i></u> <u><i>7/28/05</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |  |  |