


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # P03000111114 1. Entity Name BULL'S EYE INVESTMENTS, INC.	
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Principal Place of Business 10865 CROSS CREEK BLVD TAMPA, FL 33647	Mailing Address 10865 CROSS CREEK BLVD TAMPA, FL 33647
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05092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2403861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOUBARAK, NAKHLE 2928 E FLOWER AVE TAMPA, FL 33612
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**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

U000000764309
05/20/07-00058-003 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

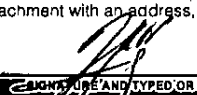
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUBARAK, FADI 16103 CADBURY CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUBARAK, NAKHLE 2928 E FLOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

 **NAKHLE MOUBARAK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-07
Date

Daytime Phone #