

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-28-2005 90067 035 ***150.00

DOCUMENT # P04000120454					
1. Entity Name BUCKEYE INVESTMENTS LIMITED, INC.					
Principal Place of Business 21011 NE 38TH AVE AVENTURA, FL 33180			Mailing Address 21011 NE 38TH AVE AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number ☒ Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				66012365 	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUME, JOHN 1401 UNIVERSITY DR CORAL SPRINGS, FL 33071			Name: <u>DE LUSINCHI, BLANCA</u> Street Address (P.O. Box Number is Not Acceptable): <u>21011 NE 38TH AVE</u> City: <u>AVENTURA</u> FL Zip Code: <u>33180</u>		
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, the registered agent. SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO DE LUSINCHI, BLANCA ☐ Delete 21011 NE 38TH AVE AVENTURA, FL 33180				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>03/24/2005</u> Daytime Phone #: <u>305-5736338</u>			