

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

07 APR 25 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSC



DOCUMENT # P04000120804			
1. Entity Name BUSCEMI, INC.			
Principal Place of Business 11962-SW-136 PLACE- MIAMI, FL-33186-		Mailing Address 11962 SW 136 PLACE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 12100 SW 132 CT.		3. Mailing Address 12100 SW 132 CT.	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. # 101	
City & State Miami, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MERLIN, MAURA L 11962 SW 136 PLACE MIAMI, FL 33186		Name Street Address (P.O. Box Number is Not Acceptable) 12100 SW 132 CT. City Miami FL Zip Code 33186	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MERLIN, MAURA L	TITLE PID	NAME Fernando Rodriguez
STREET ADDRESS 11962 SW 136 PLACE	CITY-ST-ZIP MIAMI, FL 33186	STREET ADDRESS 12100 SW 132 CT.	CITY-ST-ZIP Miami, FL 33186
CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	CITY-ST-ZIP Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	NAME MERLIN, MAURA L	TITLE VPID	NAME Maura L. Merlin
STREET ADDRESS 11962 SW 136 PLACE	CITY-ST-ZIP MIAMI, FL 33186	STREET ADDRESS 12100 SW 132 CT	CITY-ST-ZIP Miami, FL 33186
CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	CITY-ST-ZIP Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME MERLIN, MAURA L	TITLE	NAME
STREET ADDRESS 11962 SW 136 PLACE	CITY-ST-ZIP MIAMI, FL 33186	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP
400101262884 05/02/07--01056--020 **150.00			
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: <i>Maura L. Merlin</i>		Date: 4/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	