

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90255 001 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000128944</b><br>1. Entity Name<br><b>BUNNY BEAR PRODUCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                                                     |                                                                   |
| Principal Place of Business<br><b>9725 NW 6TH LN<br/>         MIAMI, FL 33172</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | Mailing Address<br><b>9725 NW 6TH LN<br/>         MIAMI, FL 33172</b>                                                                |                                                                   |
| 2. Principal Place of Business<br><b>Mango Tropical Cafe</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | 3. Mailing Address<br><b>9725 NW 6th Lane</b><br>Suite, Apt. #, etc.                                                                 |                                                                   |
| City & State<br><b>Miami Beach, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | City & State<br><b>Miami FL</b>                                                                                                      |                                                                   |
| Zip<br><b>33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | Zip<br><b>33172</b>                                                                                                                  |                                                                   |
| Country<br><b>Miami, Dade</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          | Country<br><b>USA</b>                                                                                                                |                                                                   |
| 4. FEI Number<br><b>55-0882860</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | \$8.75 Additional Fee Required                                                                                                       |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>BUSSE, GUSTAVO<br/>         9725 NW 6TH LN<br/>         MIAMI, FL 33172</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.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                                                                      |                                                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when fee is waived) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | P<br>BUSSE, GUSTAVO<br>9725 NW 6TH LN<br>MIAMI, FL 33172 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | V<br>BUSSE, MONIQUE<br>9725 NW 6TH LN<br>MIAMI, FL 33172 | 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"/> Delete                          | 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"/> Delete                          | 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"/> Delete                          | 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"/> Delete                          | 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. |                                                          |                                                                                                                                      |                                                                   |
| <b>SIGNATURE:</b> <u>Gustavo Busse 2/22/05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                                                                      |                                                                   |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | <small>Daytime Phone #</small>                                                                                                       |                                                                   |