## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000133247  1. Entity Name BIG KAHUNA BUILDERS, INC.						05 SEP -8 N 2: 1:5				
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Principal Place of Business			Mailing Address			1		i i jirili Ligit vinib	À	
963 CYPRESS DRIVE DELRAY BEACH, FL 33483			963 CYPRESS DRIVE Delray Beach, Fl 33483							
DELICAT BEAUTI, FL 33463				3403						
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2. Principal Place of Business			3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			08312005	Chg-P	CR2E034 (10/	03) 05	
City & State			City & State			4. FEI Numb	er		Applied For Not Applicable	
Zip	p Country		Zip Coun		ntry	5. Certificate of Status Desired S8.75 Addition Fee Required		Additional		
6. Name and Address of Current		ess of Current Rec	Registered Agent		Τ	7. Name and Address of New Registered Agent				
6. Haline and Maniese of Safrain Hollsoniae Manie						Name				
JEFFREY A. LEVINE, P.A.					Street Address (P.O. Day Number is Not Assessable)					
4000 N. FEDERAL HIGHWAY				Street Address (P.O. Box Number is Not Acceptable)						
BOCA RA	TON, FL 33431									
DOORIG	1011,12 00401				City		<del></del>	- Zin	Code	
					City			FL 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.										
CICNIATI IDE										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.0  Pure by September 7, 2005  Trust Fund Contribution.   Adde							In accordance v	with s. 607.193(2)	(b), F.S., the	
D	ue by September	7, 2005	Trust Fund Cont	ribution.	LI AC	ided to Fees	corporation did	not receive the pr	ior notice.	
10.	0	FFICERS AND DIR	ECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND DIRECT	ORS IN 11	
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CITY-ST-ZIP					ST-ZIP					
	entify that the information	supplied with this	filing does not qualify for	L		action 119 07/2V	i) Florida Statutos I	further certify that the	ne information	
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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name emparages in Block 10 or Block 11 if										
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 adoress, with all binds like empowered.										
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SIGNATURE: Wash Fried on Printed Name OF SIGNING OFFICER OR DIRECTOR Date Dayling Proce #										
	4.44/16							ymin i lori	1	