

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90036 023 \*\*\*150.00

<b>DOCUMENT # P04000135827</b> 1. Entity Name <b>BULLHIDE HAT COMPANY INC.</b>					
Principal Place of Business <b>12240 S.W. 53RD STREET # 507</b> <b>COOPER CITY, FL 33330</b>			Mailing Address <b>12399 SW 53RD ST.</b> <b>101</b> <b>COOPER CITY, FL 33330</b>		
2. Principal Place of Business - No P.O. Box # <b>20861 Johnson St</b> Suite, Apt. #, etc. <b>112</b> City & State <b>Pembroke Pine, FL</b> Zip      Country <b>33029      USA</b>		3. Mailing Address <b>20861 Johnson St</b> Suite, Apt. #, etc. <b>112</b> City & State <b>Pembroke Pine, FL</b> Zip      Country <b>33029      USA</b>			
4. FEI Number <b>65-1254520</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CURY, JORGE</b> <del>12240 S.W. 53RD STREET # 507</del> <del>COOPER CITY, FL 33330</del> <b>20861 Johnson St Ste. #112</b> <b>PEMBROKE Pine, FL 33029</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CURY, SAMIR</b> <b>3482 BRADENHAM LN</b> <b>FORT LAUDERDALE, FL 33328</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CURY, JORGE</b> <b>14012 NW 15TH DR.</b> <b>PEMBROKE PINES, FL 33028</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <u>Samir Cury</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/15/08 <small>Date</small>		954-843-0343 <small>Daytime Phone</small>