2005 FOR PROFIT CORPORATION ANNUAL REPORT

08-25-2005 90003 010 ***558.75
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P04000162042

1. Entity Name
BULLDOZER SERVICES INC.

Principal Place of Business	Mailing Address
15260 S.W. 301 STREET HOMESTEAD, FL 33157	15260 S.W. 301 STREET HOMESTEAD, FL 33157

00063391

2. Principal Place of Business		3. Mailing Address	
15260 SW 301 ST		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Same	
City & State Homestead		City & State Same	
Zip 33033	Country FL.	Zip Same	Country Same

08092005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1956263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIRABAL, RAMON 15260 S.W. 301 STREET HOMESTEAD, FL 33157	Name None Street Address (P.O. Box Number is Not Acceptable) None None 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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRABAL, RAMON 15260 S.W. 301 STREET HOMESTEAD, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: ____________________ 8/19/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #