


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 015 ***150.00

DOCUMENT # P04000162042			
1. Entity Name BULLDOZER SERVICES INC.			
Principal Place of Business 15260 S.W. 301 STREET HOMESTEAD FL 33033		Mailing Address 15260 S.W. 301 STREET HOMESTEAD FL 33033	
2. Principal Place of Business 15260 SW 301 ST		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Same	
City & State Homestead		City & State Same	
Zip 33033	Country Florida	Zip Same	Country Same



1st MOORE CR2E034 (10/05)

4. FEI Number 20-1956263		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRABAL, RAMON 15260 S.W. 301 STREET HOMESTEAD FL 33157		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #