## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000162970

BIRS, JEAN-LÚC

C/O 5401 COLLINS AVE STE CU-9

MIAMI BEACH, FL 33140

Name:

Address:

City-St-Zip:

FILED Jul 10, 2007 Secretary of State

Entity Nan	ne: BULKES	STATE DEVELOPMENT GROUP	, INC.	•	
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
C/O 5401 COLLINS AVE STE CU-9 MIAMI BEACH, FL 33140					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
100 NORTH BISCAYNE BLVD					
500 MIAMI, FL 33132					
FEI Number:	20-2928292	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SOUSSANA, PATRICK C/O 5401 COLLINS AVE STE CU-9 MIAMI BEACH, FL 33140 US			100 NORTH BISCA 500	JADE ASSOCIATES MIAMI, INC. 100 NORTH BISCAYNE BLVD 500 MIAMI, FL 33132 US	
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.					
SIGNATURE: OLIVIER SUREAU				07/10/2007	
Electronic Signature of Registered Agent			nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SOUSSANA, Ì	LLINS AVE STE CU-9	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CHERQUI, DO	LLINS AVE STE CU-9	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	D (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICK SOUSSANA D 07/10/2007