
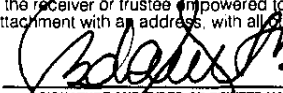


FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000074190				Secretary of S	
1. Entity Name BUPCOM, INC					
Principal Place of Business 8463 NW 107TH PATH #2 DORAL, FL 33178		Mailing Address 8463 NW 107TH PATH #2 DORAL, FL 33178			
DO NOT WRITE IN THIS SPACE					
		02132007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 02-0745364		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESS, THOMAS J ESQ C/O THOMAS J. HESS, P.A. 1401 BRICKELL AVE STE 825 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE	PS				
NAME	URDANETA, BRENDA M				
STREET ADDRESS	8963 NW 107TH PATH #2				
CITY - ST - ZIP	DORAL, FL 33178				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: 		Brenda M. Urdaneta 2/13/2006 (3884655)			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			