


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90002 022 ***150.00

DOCUMENT # P06000051175	
1. Entity Name BU YU SUK, INC.	

Principal Place of Business 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701	Mailing Address 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701
---	---

2. Principal Place of Business - No P.O. Box # 5792 S SUNCOAST Blvd	3. Mailing Address 5792 S. SUNCOAST Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOMOSASSA Florida	City & State HOMOSASSA Florida
--	--

Zip 34446	Country USA	Zip 34446	Country USA
---------------------	-----------------------	---------------------	-----------------------

6. Name and Address of Current Registered Agent HELLER, SAMUEL J 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name JAMES LOIERO Street Address (P.O. Box Number is Not Acceptable) 5792 S SUNCOAST Blvd City HOMOSASSA FL Zip Code 34446	
--	--	---	--

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: James Loiero-D <small>Signature, typed or printed name of registered agent and title if applicable.</small>	James Loiero <small>(NOTE: Registered Agent signature required when resigning)</small> DATE 6/21/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIERO, JAMES 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5792 S. Suncoast Blvd. HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIERO, JOSEPH 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5792 S SUNCOAST Blvd HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIERO, PETER 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5792 S Suncoast Blvd HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKNEY, GLENN 721 1ST AVENUE NORTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5792 S Suncoast Blvd HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, MIKE 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5792 S Suncoast Blvd HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLE, BRANDON 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5792 S Suncoast Blvd HOMOSASSA FL 34446

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: James Loiero <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 6/21/07 (352) 476-6013 <small>Daytime Phone #</small>