
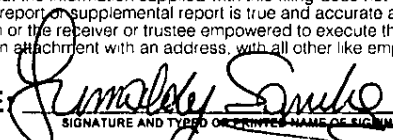


2008 FOR PROFIT CORPORATION, ANNUAL REPORT

DOCUMENT # P07000022814						2009 JAN 12 AM 9:09	
1. Entity Name BULK GYM CORP.							
Principal Place of Business 16355 N.W. 27 AVE. MIAMI GARDENS, FL 33054 US				Mailing Address 3285 N.W. 97 ST. MIAMI, FL 33147 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SANCHEZ, GRIMALDY 3285 NW 97 ST MIAMI, FL 33147				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 reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete SANCHEZ, GRIMALDY 3285 N.W. 97 ST. MIAMI, FL 33147			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 400140983304 01/16/09--01037--002 **150.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 				Date 10/23/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

October 23, 2008

To the Florida Department of State
Division of Corporation

Subject : Bulk Gym Corp
Ref P07000022814

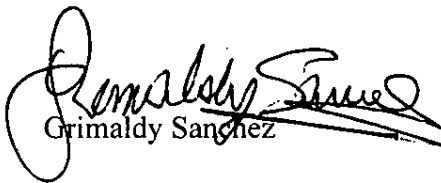
To whom it may concern:

This is to make notice that I have sent two payments with a check in the amount of \$150.00 dollars to maintain our corporation account active, and your office have neglected to send me the notice with the annual report.

By calling your department and speaking to one of your representatives, I was informed to send this letter along with the attached Internet downloaded Report with a corresponding check of 150.00 so, our account can be reinstated and activated.

Please see the attached 2008 annual report with the corresponding check for the amount of \$150.00 dollars for the activation and reinstatement of the account.

Sincerely


Grimaldy Sanchez