2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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1. Entity Name

BUFFALO HOLDINGS, INC.



Principal Place of Business

Mailing Address

400 S. US HIGHWAY ONE

400 S. US HIGHWAY ONE

SUITE #4 SUITE #4
JUPITER, FL 33477 JUPITER, F

JUPITER, FL 33477



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISZ, MICHEL O ESQ. 3250 MARY STREET #303 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

			1						
8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its reg	istered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
SIGNATURE.									
Old William	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Re-	gistered Agent signature	required when reinstating)	DATE				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	000000591575 01/19/07-80028-008 150.00				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CULLIFER, RICHARD 8745 SE COMPASS ISLAND WAY JUPITER, FL 33458								
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS				IN THIS SPACE					

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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/16/07 Date

Daytime Prione #