

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061418

Entity Name: BUKKEHAVE, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

1850 ELLER DR
STE 402
FT. LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 13143
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 65-0695299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, VALCIRIA
1850 ELLER DRIVE, SUITE 402
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HAAR, CHRISTIAN
Address: 1850 ELLER DR STE 402
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: D () Delete
Name: BARKLIN, PETER
Address: 7, ROSCROFT AVENUE, HAMPSTEAD LONDON
City-St-Zip: NW37QA ENGLAND,

Title: S () Delete
Name: SILVA, VALCIRIA
Address: 1850 ELLER DRIVE, SUITE 402
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: JOSEFSEN, JENS
Address: 1850 ELLER DRIVE SUITE 402
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: VALCIRIA SILVA

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04/08/2008

Electronic Signature of Signing Officer or Director

Date