

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061418

Entity Name: BUKKEHAVE, INC.

FILED  
Apr 17, 2009  
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 (X) 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: D (X) Change ( ) Addition  
Name: JOSEFSEN, JENS  
Address: 1850 ELLER DRIVE SUITE 402  
City-St-Zip: FORT LAUDERDALE, FL 33316

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

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date