


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 022 ***150.00

DOCUMENT # P97000093120 1. Entity Name BUJOLO, INC.					
Principal Place of Business 1665 WASHINGTON AVE 4TH FLOOR MIAMI BEACH, FL 33139			Mailing Address 1665 WASHINGTON AVE 4TH FLOOR MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 1665 WASHINGTON AVE		3. Mailing Address 1665 WASHINGTON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0796138	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent SAMD, JULIUS 2979 FLAMINGO DR MIAMI BEACH, FL 33140	
Zip		Country		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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	D <input type="checkbox"/> Delete SAMD, JULIUS STREET ADDRESS 2979 FLAMINGO DR CITY- ST- ZIP MIAMI BEACH, FL 33140		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete CIMENT, NORMAN STREET ADDRESS 1665 WASHINGTON AVE. CITY- ST- ZIP MIAMI BEACH, FL 33139		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete TEPPER, WARREN STREET ADDRESS 4830 PINETREE DRIVE CITY- ST- ZIP MIAMI BEACH, FL 33140		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/18/08 Daytime Phone # 305-532-6100		