## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 08:00 AM DOCUMENT # \$86580 **Secretary of State** 1. Entity Name BUBEL ENTERPRISES, INC. Principal Place of Business Mailing Address 12257 PEMBROKE ROAD PEMBROKE PINES FL 33025 12257 PEMBROKE ROAD PEMBROKE PINES FL 33025 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0294379 Not Applicat Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUBEL, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 9993 NW 39 ST HOLLYWOOD FL 33024 City Zio 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. Lem familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (MOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD TITLE ☐ Change □ Delcte Addition NAME BUBEL, PHYLLIS NAME 18000000440068 STREET ADDRESS 12257 PEMBROKE ROAD STREET ADDRESS 03/03/06 80004-024 150.00 CITY-ST-ZIE PEMBROKE PINES FL CITY-ST-ZIP TITLE □ Delete THLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delote TITLE ☐ Change Addition stetos. NAME STREET AUDRESS STREET ADDRESS CHY-ST-TP CITY-ST-ZIP TITLE ☐ Delete 1133.F ☐ Change ☐ Additior NAME NAME STREET ADDRESS STREET ADDRESS CITY-St-ZIP CITY - ST- ZIP TITLE ☐ Delete ITTLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET AUCRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP

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signature: Signature: Phyllis Buhel 3/8/06 954-438-948

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 it 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