2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUM 1. Entity Name BUDDY'S S		-			Feb 03, 2004 Secretary of						
Principal Place 18328 181ST BOCA RATON	CIR \$	1832	Mailing Address 18328 181ST CIR S BOCA RATON FL 33498				.	nfaft niuft Niath Sta	ENTEN U NETE		
2. Principal Pla	ice of Busini	3. Ma	3. Mailing Address								
Suite, Apt. #, etc			Suit	Surte, Apt #, etc.				MOORE CR2E03	4 (11/03)	-	
City & State			City	City & State			4. F	El Number 65-0413183		plied For at Applicable	
Zip	Country		Zıp	Zıp		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Rec				gistered Agent		Name	7, 1	lame and Address of New Registered	Agent	· · · · · · · · · · · · · · · · · · ·	
1832	YAS, JOI 8 181ST A RATON				Street Addr	ress (P.O. B	lox Number is Not Acceptable)	-			
						City		F	Zip Cod	e	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							•	Election Campalgn Financing Trust Fund Contribution.		0 May Be I to Fees	
10.)	OFFICERS AN	D DIRECTO	- · · · · · · · · · · · · · · · · · · ·	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
NAME E STREET ADDRESS 1	BANYAS, JOHN L. 18328 181ST CIR S BOCA RATON FL 33498 CIT					!		U00000030225 02/04/04-80100-019 150.00			
NAME E STREET ADDRESS 1	18328 1819	ALGERETTE A. ST CIR S ON FL 33498		☐ Delete		!			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	B C				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate					☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Date Dayline Phone #											

FILED