

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02835

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: BUMPER INDUSTRIES INC.

## Current Principal Place of Business:

% ADAM BEHNEJAD  
8113 NW 54TH ST.  
MIAMI, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

% ADAM BEHNEJAD  
8113 NW 54TH ST.  
MIAMI, FL 33166 US

## New Mailing Address:

FEI Number: 65-0017725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEHNEJAD, ADAM  
8113 NW 54TH ST.  
MIAMI, FL 33166 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: P ( ) Delete  
Name: BEHNEJAD, ADAM  
Address: 8113 NW 54TH ST.  
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete  
Name: BEHNEJAD, RAY  
Address: 8113 NW 54TH ST.  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ADAM BEHNEJAD

P

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date