FOR PROFIT CORPORATION ANNUAL REPORT

AMENDED

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED

08 SEP -5 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J02835

1. Entity Name

BUMPER INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

CR2E034B (5/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3026 NW 32 AVE	P.O. BOX 668318
Suite, Apt. #, etc. UNIT #2	Suite, Apt. #, etc. —
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33142 Country U.S.A.	Zip 33166 Country U.S.A.

4. FEI Number 650017725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ADAM BEHNEJAD

Street Address (P.O. Box Number is Not Acceptable) 3026 N.W. 32 AVE.

Unit #2

City MIAMI FL Zip Code 33142

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ADAM BEHNEJAD
STREET ADDRESS	P.O. Box 668318
CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	VP
NAME	RAY BEHNEJAD
STREET ADDRESS	P.O. BOX 668318
CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	Secretary
NAME	RAY BEHNEJAD
STREET ADDRESS	P.O. Box 668318
CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	Treasurer
NAME	RAY BEHNEJAD
STREET ADDRESS	P.O. Box 668318
CITY-ST-ZIP	MIAM, FL. 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300135602603
09/09/08--01026--002 **61.25

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Adam Behnejad ADAM BEHNEJAD 09-03-08 786-586-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS