## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT	# L	.040	000	824	494
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1. Entity Name

BOMBON CHARTERS, LLC



Principal Place of Business

5768 SW 94 STREET PINECREST, FL 33156 Mailing Address

5768 SW 94 STREET PINECREST, FL 33156



DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1872699

Applied For
Not Applicable

5. Certificate of Status Desired
Fee Required

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6. Name and Address of Current Registered Agent

PINERO, JOSE R 5768 SW 94 STREET PINECREST, FL 33156

SIGNATURE:

SIGNATURE AND

## DO NOT WRITE IN THIS SPACE

.4/27/07

Daytime Phone #

the obligations of registered agent.  SIGNATURE  SIGNATURE					
3IGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FI	iling Fee is \$50.00 ue by May 1, 2007		U00000757176 05/23/07-80061-001 50.00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINERO, JOSE R 5768 SW 94 STREET PINECREST, FL 33156				
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

FOSE

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE