


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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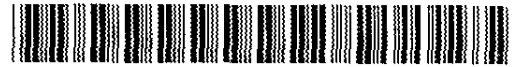
1. Entity Name
 BOMBELLA ENTERPRISES INC.



Principal Place of Business
 4516 W. PAXTON AVE.
 TAMPA, FL 33611

Mailing Address
 4516 W. PAXTON AVE.
 TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FLE Number
 59-3620876

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOMBELLA, ANTHONY P
 4516 W. PAXTON AVE.
 TAMPA, FL 33611

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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 _____ (NOTE: Registered Agent signature required when remaining)

Signature typed or printed name of registered agent and fee if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000120454
 04/19/04-80132-016 150.00

10. OFFICERS AND DIRECTORS

OFFICER	P
NAME	BOMBELLA, ANTHONY P
STREET ADDRESS	4516 W PAXTON AVE
CITY-STATE-ZIP	TAMPA, FL 33611
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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: *X Anthony P. Bombella* 4/17/04

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR