


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000057455 |  |
| 1. Entity Name MASTER BOWLING SUPPLY INC. | |

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| Principal Place of Business 7225 N.W. 25 ST #300 MIAMI, FL 33122 | Mailing Address 7225 N.W. 25 ST #300 MIAMI, FL 33122 |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent DECASTRO, JOSE E 7740 CAMINO REAL G 310 MIAMI, FL 33143 |
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IN THIS SPACE

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.

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|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000071986 03/01/2004-00053-003 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DECASTRO, JOSE E 7740 CAMINO REAL G 310 MIAMI, FL 33134 |
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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.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ | Daytime Phone # _____ |
|--|------------|-----------------------|