

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90181 001 ***150.00

DOCUMENT # P00000057455

1. Entity Name
MASTER BOWLING SUPPLY INC.



Principal Place of Business
**7225 N.W. 25 ST #300
MIAMI, FL 33122**

Mailing Address
**7225 N.W. 25 ST #300
MIAMI, FL 33122**

50023599

2. Principal Place of Business
7570 NW 14 ST STE 112

3. Mailing Address
7570 NW 14 ST

Suite, Apt. #, etc.
Miami, FL

Suite, Apt. #, etc.
suite 112

City & State
**City & State
Miami FL**

Zip
33126

Country
Dade

Zip
33126

Country
Dade

03032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1017846

Applied For
☐ Not Applicable

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

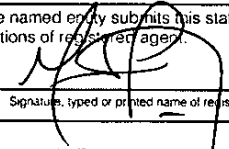
6. Name and Address of Current Registered Agent

**DECASTRO, JOSE E
7740 CAMINO REAL G 310
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
DECASTRO, JOSE E
7740 CAMINO REAL G 310
MIAMI, FL 33134**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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☐ Change ☐ Addition

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:  (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #