
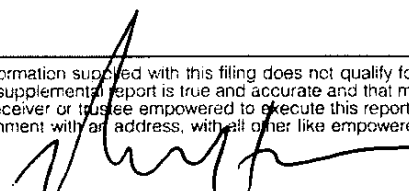


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 026 ***150.00

DOCUMENT # P01000077719 1. Entity Name BACKFLOW BOB, INC.		
Principal Place of Business 3029 S.W. 28TH STREET MIAMI FL 33133		Mailing Address 3029 S.W. 28TH STREET MIAMI FL 33133
2. Principal Place of Business - No P.O. Box # 3029 SW. 28th ST.	3. Mailing Address 3029 SW. 28th ST.	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____
City & State MIAMI, FL.	City & State MIAMI, FL.	
Zip 33133	Country U.S.A.	Zip 33133
Country U.S.A.		Country U.S.A.
4. FEI Number 65-1127460		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEANS, ROBERT L 7420 SW 170 TERR. PALMETTO BAY FL 33157		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE P	<input type="checkbox"/> Delete	
NAME BEANS, ROBERT L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7420 SW 170 TERR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP PALMETTO BAY FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TVP	<input type="checkbox"/> Delete	
NAME COOK, ROBERT L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2351 SW 80 TERR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP HOLLYWOOD FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVP	<input type="checkbox"/> Delete	
NAME GOMEZ, ALBERT JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3029 SW 28 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP MIAMI FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	<input type="checkbox"/> Delete	
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	<input type="checkbox"/> Delete	
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Robert L. Beans		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 2/6/08 Phone # 305-446-8141		