


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000685515</b> 1. Entity Name KIMBO PRODUCTIONS, INC.	
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Principal Place of Business 301 NW 127TH AVENUE PLANTATION, FL 33325	Mailing Address 301 NW 127TH AVENUE PLANTATION, FL 33325
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**DO NOT WRITE IN THIS SPACE**

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1137228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARGROVE, JOHN R  
500 EAST BROWARD BLVD SUITE 1000  
FORT LAUDERDALE, FL 33394

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOKAMPER, KIM 301 NW 127TH AVENUE PLANTATION, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISH, CRAIG 13505 NE 24TH COURT NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUDE, NEAL 916 SURFSIDE BLVD SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000160673  
05/17/04-80008-022 150.00

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IN THIS SPACE**

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 reports 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:  Kim Bokamper 4/27/04 954 547 0625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #