


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90072 018 \*\*\*150.00

<b>DOCUMENT # P02000098337</b>	
1. Entity Name <b>BOMBASTIC, INC.</b>	

Principal Place of Business <b>8000 NW 31 STREET STE 9 MIAMI, FL 33122</b>	Mailing Address <b>9737 NW. 41 ST. #638 DORAL, FL 33178</b>
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2. Principal Place of Business - No P.O. Box # <b>9737 NW, 41 ST</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 638</b>	Suite, Apt. #, etc.
City & State <b>Doral FL</b>	City & State
Zip <b>33178</b>	Country <b>US</b>



04302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>03-0481595</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GONZALEZ, ISIDRO P 5300 NW 114 AVE STE 109 MIAMI, FL 33178</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9737 NW 41 ST, suite 638</b> City <b>Doral</b> State <b>FL</b> Zip Code <b>33178</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT PEREZ-CONDE, ISIDRES G 5300 NW 114TH AVE. STE. #109 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9737 NW, 41 ST, suite 638 Doral, FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PEREZ-CONDE, SHIMAN G 5300 NW 114TH AVE. STE. #109 MIAMI, FL 33178</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>9737 NW, 41 ST, suite 638 Doral, FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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:** \_\_\_\_\_ **04/23/07 (786) 7977117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #