

FILED
May 16, 2007 8:00 am
Secretary of State

04-17-2007 90059 006 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT-

DOCUMENT # P02000130541	
1. Entity Name BADA BING'S BIKES, INC.	

Principal Place of Business 1221 ENDERBY CT CHULUOTA, FL 32766	Mailing Address 1221 ENDERBY CT CHULUOTA, FL 32766
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66015163



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0545355	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSINIA, MICHAEL L
1221 ENDERBY CT
CHULUOTA, FL 32766

CHAVEZ, EUGENE S
WAXMAN, EUGENE S
1260 LAKE FRANCES BLVD
TAVARES, FL 32778

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael L Rosinia* MICHAEL L ROSINIA, DP 3/30/2007 5/11/07
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP ROSINIA, MICHAEL L 1221 ENDERBY CT CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAXMAN, EUGENE S 1260 LAKE FRANCES BLVD TAVARES, FL 32778
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Michael L Rosinia* MICHAEL L ROSINIA 3/30/2007 407-417-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Eugene S Waxman EUGENE S WAXMAN 5/11/07
352-277-1876