## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P03000006009** 04-17-2006 90387 029 \*\*\*150.00 HOMESTEAD BOWLING, INC. Principal Place of Business Mailing Address 111 SOUTH HOMESTEAD BLVD. 111 SOUTH HOMESTEAD BLVD. · 4005 \* . HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 44-2083329 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUTNICK, KENNETH Street Address (P.O. Box Number is Not Acceptable) 300 DIPLOMAT PARKWAY HALLANDALE BEACH, FL 33009 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D,P Change ☐ Addition TITLE ☐ Delete TITLE YAMAMURA, HERBERT NAME NAME 111 S. HOMESTEAD BLUX. 25251 SOUTHWEST 139 AVENUE STREET ADDRESS STREET ADDRESS PRINCETON, FL 33092 CITY-ST-ZIP HOMESNEAD FL 23030 CITY-ST-7IF ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

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 principles.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ull SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

☐ Delete

3/20/06

305-246-1333

**FILED** 

Dayture Phone #

☐ Change

Addition