

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90054 015 ***150.00

DOCUMENT # P04000003107

1. Entity Name
BUMPER BY THE KING CORP.



40106586



Principal Place of Business

~~660 W 80 ST~~
HIALEAH, FL 33014

Mailing Address

~~660 W 80 ST~~
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box

8867 NW 117 ST.

3. Mailing Address

8867 NW 117 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007

Chg-P

CR2E034 (12/06)

City & State

Hialeah Garden, FL

City & State

Hialeah Garden, FL

4. FEI Number

20-0562563

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

Zip **33018** Country **USA**

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6. Name and Address of Current Registered Agent

MONTALVO, HECTOR
660 W 80 ST
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name **Hector Montalvo**

Street Address (P.O. Box Number is Not Acceptable)
8867 NW 117th St.

City **Hialeah Garden** FL Zip Code **33018**

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

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 **D** ☐ Delete
NAME **MONTALVO, HECTOR**
STREET ADDRESS **660 W 80 ST**
CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8867 NW 117th St.**
CITY-ST-ZIP **Hialeah Garden FL 33018**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 305 824 3021