


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90173 023 ***150.00

DOCUMENT # P04000042803	
1. Entity Name BOMBAY EXPRESS INC.	

Principal Place of Business 606 NO WICKHAM RD UNIT C MELBOURNE, FL 32935	Mailing Address 606 NO WICKHAM RD UNIT C MELBOURNE, FL 32935
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2. Principal Place of Business 777 E MERIT ISLAND CSWY Suite, Apt. #, etc. 166	3. Mailing Address 777 E MERIT ISLAND CSWY Suite, Apt. #, etc. 166
City & State MERIT ISLAND FL	City & State MERIT ISLAND FL
Zip 32952-3501	Country USA

20050110



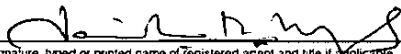
03212005 Chg-P CR2E034 (10/03)

4. FEI Number 42-1621851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUKOSE, JOMON 1832 SURREY CT VIERA, FL 32955	
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7. Name and Address of New Registered Agent	
Name GRAND CHARLY BRUCE	
Street Address (P.O. Box Number is Not Acceptable) 211 N Lake Silver Dr Apt # 3A	
City Winter Haven	Zip Code FL 33881

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: 04/29/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D LUKOSE, JOMON 1832 SURREY CT VIERA, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREAS GRAND CHARLY BRUCE 777 E MERIT ISLAND CSWY #166 Merritt Island, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jason Mathew 777 E MERIT ISLAND CSWY #166 Merritt Island, FL 32952 <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: 	DATE: 04/29/05 (321) 986-6125