2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P04000142160 1. Entity Name BOYNTON BICYCLE RIDER, INC.					04-04-2005 90059 035 ***158.75			
6556 COBIA	ce of Business CIRCLE EACH, FL 33437 US	Mailing Address 6556 COBIA CIRCLE BOYNTON BEACH, FL	33437	us			.	
	Place of Business · Bayn Ton Beach Bluz	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			02122005	Chg-P	CR2E034 (10/03)	
City & Stat	- / T	City & State			4. FEI Number 20-1	766881		plied For t Applicable
3343		Zip _	Cour	ntry	5. Certificate of		\$8.75 Add Fee Required	litional d
	6. Name and Address of Current R	egistered Agent		Name	7. Name and A	ddress of New Re	gistered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					(P.O. Box Number	is Not Acceptable)		
IALEATA	33EE, FL 32301			City			Zíp Code	
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	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s register	red office or registe	ered agent, or both,	in the State of Flori	ida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	nd title if applicable. (NO	E: Registere	ed Agent signature require	ed when reinstating)		DATE	
FIL	Signature, typed or printed name of registered agent an E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campa	aign Fina	ncing _ \$5	5.00 May Be	,	DATE	
FIL	.E NOWIII FEE IS \$150.00	9. Election Campi Trust Fund Con	aign Fina	incing \$8	5.00 May Be Ided to Fees	- HANGES TO OFFICE	DATE CERS AND DIRECTORS	S IN 11
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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 AND TYPED OR PRINTED MAKES OF SKOKING OFFICER OR I