2008 FOR PROFIT CORPORATION

ANNUAL REPORT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-St-ZiP

CITY-ST-ZIP

Secretary of State 02-07-2008 90012 023 ***150.00 **DOCUMENT # P05000131477** EDDIE & CARMEN'S - BOOM BOOM CONSTRUCTION Principal Place of Business Mailing Address 233 HARVEY STREET 233 HARVEY STREET PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$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 MORALES, CARMEN S Street Address (P.O. Box Number is Not Acceptable) 233 HARVEY STREET PUNTA GORDA, FL 33950 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!-FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change Addition MORALES, CARMEN S NAME NAME STREET ADDRESS 23 HARVEY STREET STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33095 CITY-ST-ZP Delete TITLE TITLE Change Change Addition NAME MORALES, EDWARD JR NAME 23 HARVEY STREET SIRFET ADDRESS STREET ADDRESS PUNTA GORDA, FL 33095 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST JIP

FILED Feb 07, 2008 8:00 am

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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 charged, or on an attachment with an address, with all other like empowered.

TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	L	Date	Daytime Phone #