


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90864 014 ***150.00

DOCUMENT # P05000166306	
1. Entity Name BOTTOMS UP ENTERTAINMENT, INC.	

Principal Place of Business 1717 N BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 US	Mailing Address 1717 N BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 US
--	--

00040003

2. Principal Place of Business - No P.O. Box # 1775 N.E. 2nd Ave.	3. Mailing Address 1775 N.E. 2nd Ave.
Suite, Apt. #, etc. Apt. # 3	Suite, Apt. #, etc. Apt. # 3
City & State Miami, FL	City & State Miami, FL
Zip 33132	Country U.S.A.




03282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-8902224	Applied For <input type="checkbox"/>
APPLIED FOR	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

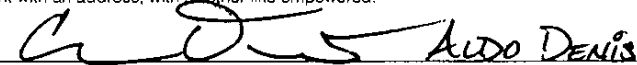
6. Name and Address of Current Registered Agent	
DENIS, ALDO 1717 N BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1775 N.E. 2nd Ave.	
Apt. # 3	
City Miami	FL Zip Code 33132

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 4-26-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DENIS, ALDO		NAME 1775 N.E. 2nd Ave. Apt. #3	
STREET ADDRESS 1717 N BAYSHORE DRIVE SUITE 215		STREET ADDRESS Miami, FL 33132	
CITY-ST-ZIP MIAMI, FL 33132		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	DATE 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALDO DENIS	Daytime Phone # (786) 234-4306