2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000145432

1. Entity Name
BEAR'S DEN MMA ,INC.

Principal Place of Business	Mailing Address
12349 SW 53 STREET COOPER CITY, FL 33330 US	14816 SW 35 STREET DAVIE, FL 33331 US

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0791745	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROTHERS, ANTHONY M
14816 SW 35 STREET
DAVIE, FL 33331

DO NOT WRITE
IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CROTHERS, ANTHONY M
STREET ADDRESS	14816 SW 35 STREET
CITY-ST-ZIP	DAVIE, FL 33331

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/28/08-80045-006 150.00

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

SIGNATURE: _____   2/18/08   954 384 0245

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