2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090398

City-St-Zip: FERN PARK, FL 32730

Entity Name: BROMO ENTERPRISES, INC.

FILED Feb 28, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|-----------------------------------|---------------------------------|------------------------------------|--|--|
| 225 O'BRI FERN PAI | EN RD. RK, FL 32730 | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 225 O'BRI FERN PAI | EN RD. RK, FL 32730 | | | | |
| FEI Number | : 26-0761454 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| PARKINS, 225 O'BRI FERN PAI | | US | | | |
| | e named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICER | S AND DIRECT | ORS: | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | PSTD () PARKINS, DANII | | Title: (Name: |) Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL A. PARKINS PSTD 02/28/2008