


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90027 017 ***150.00

DOCUMENT # P93000016446	
1. Entity Name BACKBONE, INC.	

Principal Place of Business 4201 SW 87 AVE MIAMI, FL 33165 US	Mailing Address 150 TEQUESTA STREET TAVERNIER, FL 33070 US
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50034484



04032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0406366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

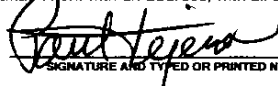
6. Name and Address of Current Registered Agent TEJERA, PAUL A 55 HARBOR DR PLANTATION LAKES ESTATE ISLAMORADA, FL 33036	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEJERA, PAUL A 55 HARBOR DR., PLANTATION LK. EST. ISLAMORADA, FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEJERA, IDA 4201 SW 87TH AVE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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