


05-04-2005 90116 046 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000067079

1. Entity Name
BOWLING HOLDINGS CORP.



40080655

Principal Place of Business
**200 S. BISCAYNE BLVD., 4100 -LOOR
 MIAMI, FL 33131**

Mailing Address
**200 S. BISCAYNE BLVD., 4100 FLOOR
 MIAMI, FL 33131**



2. Principal Place of Business
100 SE 2nd Street

3. Mailing Address
100 SE 2nd Street

Suite, Apt. #, etc.
34th Floor

City & State
Miami, FL

Zip
33131-2158

01052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0445223

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORP. INTR. REGEIS. ED AGENTS INC
 200 S. BISCAYNE BLVD. 41 FLOOR
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent
**Name
 BIPC CORPORATE REGISTERED AGENTS, INC.
 Street Address (P.O. Box Number Is Not Acceptable)
 100 SE 2nd Street
 34th Floor
 City
 Miami FL Zip Code
 33131**

8. The above named entity submits this statement for the purpose of changing its principal place of registered office in the State of Florida. I am familiar with, and accept the obligations of registered agent.

BIPC CORPORATE REGISTERED AGENTS, INC.

SIGNATURE *[Signature]* **4/29/05**
 By: **Guillermo J. Fernandez-Quintero, Esquire** DATE

**FILE NOW!!! FEE : \$ 150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	MARTINEZ, LUIS J	2 S BISCAYNE BLVD., STE 3400	MIAMI, FL 33131	<input type="checkbox"/>
VP	MARTINEZ, CARMEN	2 S BISCAYNE BLVD., STE 3400	MIAMI, FL 33131	<input type="checkbox"/>
VP	MARTINEZ, ENCARNACION	2 S BISCAYNE BLVD., STE 3400	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	MARTINEZ, LUIS J.	100 SE 2nd Street, 34th Floor	Miami, FL 33131-2158	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MARTINEZ, CARMEN	100 SE 2nd Street, 34th Floor	Miami, FL 33131-2158	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MARTINEZ, ENCARNACION	100 SE 2nd Street, 34th Floor	Miami, FL 33131-2158	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907.3(3)(f), 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 trustee 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: *[Signature]*
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Signature: _____

(7)