

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000085540**

1. Entity Name  
**XPLODE III CORPORATION**



Principal Place of Business  
**19048 N.W. 23RD PLACE  
PEMBROKE PINES, FL 33029-5344**

Mailing Address  
**19048 N.W. 23RD PLACE  
PEMBROKE PINES, FL 33029-5344**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0571463**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GIBSON, ANNETTE  
19048 N.W. 23RD PLACE  
HOLLYWOOD, FL 33029**

**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	D
NAME	GIBSON, ANNETTE
STREET ADDRESS	19048 NW 23RD PLACE
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	D
NAME	GIBSON, CAROL
STREET ADDRESS	19048 NW 23RD PLACE
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	D
NAME	BRAMWELL, ATTLI
STREET ADDRESS	19048 NW 23RD PLACE
CITY-ST-ZIP	HOLLYWOOD, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80093-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Annette Gibson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-08**

Date

**(954) 442-2388**  
Daytime Phone #