


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P99000004185	
1. Entity Name BOWLES AMALGAMATED INDUSTRIES, INC.	

Principal Place of Business 13320 SW 128 ST. MIAMI, FL 33186	Mailing Address 1704 ROYAL COVE CT. VIRGINIA BEACH, VA 23454
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0887602	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

ZIMMERMAN, MICHAEL
13320 SW 128 ST.
MIAMI, FL 33186

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, 2007 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 PD	NAME BOWLES, RODNEY
STREET ADDRESS 1704 ROYAL COVE CT.	CITY-ST-ZIP VIRGINIA BEACH, VA 23454
TITLE VPD	NAME BOWLES, SUSAN
STREET ADDRESS 1704 ROYAL COVE CT.	CITY-ST-ZIP VIRGINIA BEACH, VA 23454
TITLE SD	NAME BOWLES, JEFFREY
STREET ADDRESS 1704 ROYAL COVE CT.	CITY-ST-ZIP VIRGINIA BEACH, VA 23454
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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05/09/07-80015-022 150.00

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: Rodney Bowles **RODNEY BOWLES** **4/23/07** **954-383-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT