


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90073 033 ***150.00

DOCUMENT # P99000088139

1. Entity Name
BOWL, INC.



Principal Place of Business
**520 BRICKELL KEY DR
 UNIT 0-205
 MIAMI, FL 33131**

Mailing Address
**808 BRICKELL KEY DR
 UNIT 202
 MIAMI, FL 33131**

50015117



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**808 Brickell Key dr.
 Unit 604**

City & State
Miami Fla

02022005 Chg.P CR2E034 (10/03)

4. FEI Number
65-0954968

Applied For
 Not Applicable

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

Zip Country Zip Country
33131 USA

6. Name and Address of Current Registered Agent

**CONSTANDSE, NINOTCHKA
 808 BRICKELL KEY DR UNIT 202
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Constandse Ninotchka**

Street Address (P.O. Box Number is Not Acceptable)
808 Brickell Key dr. unit 604

City **Miami Fla** FL Zip Code **33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONSTANDSE, NINOTCHKA 808 BRICKELL KEY DR. UNIT 202 MIAMI, FL 33131 <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: _____ **5-feb-05** (305) 9920777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #