


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000116801

1. Entity Name
BOLDEN HOLDINGS CORPORATION



Principal Place of Business Mailing Address

19200 NW 11 AVE **19200 NW 11 AVE**
MIAMI, FL 33169 **MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
03-0440387 Not Applicable

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

6. Name and Address of Current Registered Agent

BOLDEN, GARY J
19200 NW 11TH AVE
MIAMI, FL 33169

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLDEN, GARY 19200 NW 11 AVE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLDEN, FRANCINA 19200 NW 11 AVE MIAMI, FL 33169
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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: *Gary J Bolden* Date: *7/12/07* Daytime Phone #: *786-202-8382*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR