


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000017330</b> 1. Entity Name <b>BOLONET CORP.</b>	
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Principal Place of Business <b>6979 NW 53 TERRACE MIAMI FL 33166</b>	Mailing Address <b>6979 NW 53 TERRACE MIAMI FL 33166</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/07)

4. FEI Number <b>74-3079266</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BOLOIX, JUAN C 5410 SW 130 AVE MIAMI FL 33175</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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's signature required when changing office)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <small>NAME</small>	<b>P</b> <input type="checkbox"/> Delete <b>BOLOIX, RAUL</b>
<small>STREET ADDRESS</small>	<b>13725 SW 170 TERRACE</b>
<small>CITY-ST-ZIP</small>	<b>MIAMI FL 33187</b>
TITLE <small>NAME</small>	<input type="checkbox"/> Delete <b>VP</b> <b>BOLOIX, JUAN C</b>
<small>STREET ADDRESS</small>	<b>5410 SW 130 AVE</b>
<small>CITY-ST-ZIP</small>	<b>MIAMI FL 33175</b>
TITLE <small>NAME</small>	<input type="checkbox"/> Delete
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Delete
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Delete
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Delete
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>0000000007310</b>
<small>STREET ADDRESS</small>	<b>04/21/08-80015-009 150.00</b>
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
TITLE <small>NAME</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

**SIGNATURE:**  **JUAN CARLOS BOLOIX**      Date: **307-218-6166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR