2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000073240

1. Entity Name
BORICUA WAREHOUSES, INC.

Principal Place of Business	Mailing Address
291 NW 1ST STREET DEERFIELD BEACH FL 33441	291 NW 1ST STREET DEERFIELD BEACH FL 33441

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/06)

4. FEI Number 27-0090649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENTALUO, PASCUAL
291 NW 1ST
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the ~~corporation~~ certifies it did not receive prior notice. Fee to file is $150.00. ☒

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTALVO, PASQUAL O 291 NW 1ST STREET DEERFIELD BEACH FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000574777 08/21/06-80002-013 150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Pasqual Montalvo 8/14/06 954-429-8361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #