


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91063 013 ***158.75

DOCUMENT # P03000109637

1. Entity Name
BOSS PLAYER, INCORPORATED



Principal Place of Business
**18825 NW 81ST AVE.
 MIAMI, FL 33056**

Mailing Address
**18825 NW 81ST AVE.
 MIAMI, FL 33056**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



03192004 Chg-P CR2E034 (10/03)

4. FFI Number
65-0860879

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GROSS, RICHARD W ESQ.
 39 EAST 6TH ST.
 HIALEAH, FL 33010**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST ORELUS, JOANEL JR. 18825 NW 81ST AVE. MIAMI, FL 33056 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORELUS, JOANEL JR. 18825 NW 81ST AVE. MIAMI, FL 33056 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST ORELUS, JOANEL, JR. 18825 NW 31ST AVE. MIAMI, FL 33056 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORELUS, JOANEL, JR. 18825 NW 31ST AVE. MIAMI, FL 33056 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/24/04** 305/218-8684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #