

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109637

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BOSS PLAYER, INCORPORATED

**Current Principal Place of Business:**

18520 NW 67TH AVE  
#309  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18520 NW 67TH AVE  
#309  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 65-0860879      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORELUS, JOANEL JR.  
18825 NW 31ST AVE  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ORELUS, JOANEL JR.  
Address: 18825 NW 31ST AVE  
City-St-Zip: MIAMI, FL 33056

Title: D (X) Delete  
Name: PHILOGENE, BENNEL  
Address: 18825 NW 31ST AVE  
City-St-Zip: OPA LOCKA, FL 33056

Title: D (X) Delete  
Name: SINCLAIR, IMANI  
Address: 18520 NW 67TH AVENUE #309  
City-St-Zip: MIAMI, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: SINCLAIR, IMANI  
Address: 18825 NW 31ST AVE  
City-St-Zip: MIAMI, FL 33056

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IMANI SINCLAIR

P/D

04/30/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date