


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F61517 1. Entity Name BOMART, INC.	
--	---

Principal Place of Business 2732 S.W. 32ND AVENUE MIAMI, FL 33133	Mailing Address 2732 S.W. 32ND AVENUE MIAMI, FL 33133
---	---

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2151262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITO, ANTONIO
7702 S.W. 84 PLACE
MIAMI, FL 33143

**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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITO, ANTONIO 7702 S.W. 84 PLACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRITO-FERRER, BEATRIZ 11269 N W 59 TERR MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRITO, HORTENSIA 7702 S.W. 84 PLACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRITO-ANTON, LISETTE 11270 N W 64 TERRACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. **DO NOT WRITE
IN THIS SPACE**

11/25/05-80045-012 150.00

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: X  **ANTONIO BRITO, PRES.** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #