


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90229 047 ***150.00

DOCUMENT # 569419
 1. Entity Name
 BOYETT PROPERTIES, INC.



Principal Place of Business
 1553 SAN IGNACIO
 CORAL GABLES, FL 33146 US

Mailing Address
 1553 SAN IGNACIO
 CORAL GABLES, FL 33146 US

2. Principal Place of Business
 7700 N. Kendall Dr.
 Suite, Apt. #, etc. Suite 505
 City & State Miami FL

3. Mailing Address
 Same as left
 Suite, Apt. #, etc.
 City & State
 Zip 33156 Country USA



04222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 BOYETT, JAMES L
 1553 SAN IGNACIO
 CORAL GABLES, FL 33146

4. FEI Number
 59-1816501

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 7700 N. Kendall Dr.
 Suite 505
 City Miami FL Zip Code 33156

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 *James L. Boyett* (NOTE: Registered Agent signature required when reinstating) DATE *JAMES L. BOYETT 4/27/04*

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYETT, JAMES L. 1553 SAN IGNACIO CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7700 N. Kendall Dr. Suite 505 Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James L. Boyett* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *JAMES L. BOYETT* Date *4/27/04* Daytime Phone # *(305) 595-5992*