


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90189 026 \*\*\*150.00

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



Principal Place of Business      Mailing Address  
 7700 N KENDALL DR      7700 N KENDALL DR  
 STE 505      STE 505  
 MIAMI, FL 33156 US      MIAMI, FL 33156 US

**50048575**



2. Principal Place of Business      3. Mailing Address  
**1500 San Remo**      **1500 San Remo**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite #203**      **Suite #203**

04222005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Coral Gables, FL**      **Coral Gables, FL**  
 Zip      Country      Zip      Country  
**33146**      **USA**      **33146**      **USA**

4. FEI Number      Applied For  
**59-1816501**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYETT, JAMES L 7700 N KENDALL DR STE 505 MIAMI, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) <b>1500 San Remo</b> <b>Suite #203</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>	

*New address →*

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.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYETT, JAMES L.	NAME	<b>1500 San Remo; Suite 203</b>
STREET ADDRESS	7700 N KENDALL DR STE 505	STREET ADDRESS	<b>Coral Gables, FL 33146</b>
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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*      Date: 4/22/05      Daytime Phone #: (305) 595-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #