2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # 593762** 04-13-2005 90048 032 ***150.00 1. Entity Name BOSCH, INC. Principal Place of Business Mailing Address 1991 NW 1ST AVE 1991 NW 1ST AVE BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1861793 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Vanderbosch, James A</u> VANDERBOSCH, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 1991 NW 1ST AVE 1991 NW 1st Avenue BOCA RATON, FL 33432 Boca Raton, FL 33432 Zip Code 33432 Boca Raton 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) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ■ Addition PD VANDERBOSCH, JAMES A. NAME NAME Vanderbosch, James A. STREET ADORESS 1991 NW 1ST AVE STREET ADDRESS 1991 NW 1st Avenue CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP Boca Raton, FL 33432 TITLE Delete TITLE ☐ Change VANDERBOSCH, CHRISTINE NAME NAME STREET ADDRESS 1991 NW 1ST AVE STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33432 CITY-ST-ZIP TIT! F ☐ Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delète TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 receive the trustee of the corporation or the receiver or trustee empowered to execute this receive the trustee 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. James A. Vandenbosch

FILED