



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 828285 1. Entity Name BOJACO REALTY CORP.						FILED 07 JUL 20 PM 12:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10400 GRIFFIN RD #210 COOPER CITY, FL 33328		Mailing Address 10400 GRIFFIN RD #210 COOPER CITY, FL 33328				 07112007 Chg-P CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 11-1803510			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMSON, ROBERT 10400 GRIFFIN RD #210 COOPER CITY, FL 33328				7. Name and Address of New Registered Agent Name Barbara Williamson Street Address (P.O. Box Number is Not Acceptable) 10400 Griffin Road, Suite 210 City Cooper City FL 33328			
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: <i>Barbara Williamson</i> Barbara Williamson				DATE: 7/11/07		(NOTE: Registered Agent signature required when reinstating)	
Amended AR Is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$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	PD WILLIAMSON, ROBERT <input checked="" type="checkbox"/> Delete 10400 GRIFFIN RD #210 COOPER CITY, FL			TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Barbara Williamson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10400 Griffin Road, #10 Cooper City, Fl 33328		
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 800106701886 07/25/07--01044--005 **61.25		
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		
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Barbara Williamson</i> Barbara Williamson				DATE: 7/11/07		DAYTIME PHONE: 954-434-7925	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE		DAYTIME PHONE #	