2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60618

Entity Name: RICHARD BOYD ENTERPRISES, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1670 NE 205 TERR 1670 NE 205 TERR

MIAMI BEACH, FL 33179 US N MIAMI BEACH, FL 33179 US

Current Mailing Address: New Mailing Address:

1670 NE 205 TERR 1670 NE 205 TERR

MIAMI BEACH, FL 33179 US N MIAMI BEACH, FL 33179 US

FEI Number: 59-2350842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYD ENTERPRISES, INC.

BOYD ENTERPRISES, INC.

1670 NE 205 TERR

1670 NE 205 TERR

MIAMI BEACH, FL 33179 US N MIAMI BEACH, FL 33179 US

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.

SIGNATURE: 01/07/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 BOYD, LINDA G
 Name:
 BOYD, LINDA G

 Address:
 1670 NE 205 TERR
 Address:
 1670 NE 205 TERR

City-St-Zip: MIAMI BEACH, FL 33179 US City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: DV () Delete Title: () Change () Addition

 Name:
 GOMES CHARLES,
 Name:

 Address:
 10719 SW 104 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33176 US
 City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 BOYD, EBEN A
 Name:
 BOYD, EBEN A

 Address:
 20820 NE 12 CT.
 Address:
 20820 NE 12 CT.

City-St-Zip: MIAMI BEACH, FL 33179 US City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: DV () Delete Title: () Change () Addition

 Name:
 BOYD, RUSSELL C
 Name:

 Address:
 3621 SW 47TH AVENUE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33023 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA G BOYD PRES 01/07/2009