


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90150 004 ***150.00

DOCUMENT # H49973		
1. Entity Name BOBRO ENTERPRISES, INC.		
Principal Place of Business 10532 PEBBLE COVE LN BOCA RATON FL 33498 US	Mailing Address 10532 PEBBLE COVE LN BOCA RATON FL 33498 US	



1st MOORE CR2E034 (10/05)

2. Principal Place of Business <i>6650 S. ORIOLE BLVD</i> Suite, Apt. #, etc. <i>301</i>	3. Mailing Address <i>6650 S. ORIOLE BLVD</i> Suite, Apt. #, etc. <i>301</i>
---	---

City & State <i>DELRAY BCH FL</i>	City & State <i>DELRAY BCH FL</i>	4. FEI Number 65-0338199	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33446</i>	Zip <i>33446</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLOOMGARDEN, PAUL M. 8551 W SUNRISE BLVD, STE 100A FORT LAUDERDALE FL 33322	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINGER, ROBERTA 10532 PEBBLE COVE LN BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SINGER, RONALD 10532 PEBBLE COVE LANE BOCA RATON FL 33498 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP ROBERTA SINGER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6650 S. ORIOLE BLVD #301</i> <i>DELRAY BCH FL 33446</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP RONALD SINGER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6650 S. ORIOLE BLVD #301</i> <i>DELRAY BCH FL 33446</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to this address, with all other like empowered.

SIGNATURE: *Ronald M Singer* *DVP* *HT/06* *561 381 3862*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #