

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L26364

1. Entity Name

BOCA IMPORT-EXPORT, INC.



Principal Place of Business

3400 MCINTOSH ROAD
BLDG. E-11
FORT LAUDERDALE FL 33335
US

Mailing Address

PO BOX 670244
CORAL SPRINGS FL 33067
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

65-0171820

Applied For

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

MURDOCH, RICHARD A
C/O DICKENSON, MURDOCH, REX AND SLOAN
980 N. FEDERAL HWY., #410
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JOSEPHS, TEWICK S
STREET ADDRESS 4355 N.W. 64 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Change ☐ Addition
NAME **U00000851884**
STREET ADDRESS **03/26/08-80004-023 150.00**
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME IMBER, SONJIA
STREET ADDRESS 6422 N.W. 43 STREET
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GIANNAKOS, KRISTINE
STREET ADDRESS 951 DESOTO RD., APT. 510
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PHILLIPS, GRAHAM J
STREET ADDRESS 2 GOALER'S MEWS
CITY-ST-ZIP GASTOWN, VANCOUVER

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE:

Sonja Imber Sonja Imber

3-7-08

954-609-7599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #