

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 003 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # L31050 1. Entity Name TEE'S BY BO, INC. | | | | | |
| Principal Place of Business TEES BY BO INC 13220 SW 66 ST MIAMI, FL 33183 US | | | Mailing Address TEES BY BO INC 13220 66 ST MIAMI, FL 33183 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03282006 Chg-P CR2E034 (11/05) | |
| Zip | | Country | | 4. FEI Number 65-0156393 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MINERVA, MIYARES 13220 SW 66 ST MIAMI, FL 33183 | | | | 7. Name and Address of New Registered Agent Name Siomara Bowersox Street Address (P.O. Box Number is Not Acceptable) 13220 SW 66 ST City Miami FL Zip Code 33183 | |
| 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: DATE: 3/28/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 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 MIYARES, MINERVA 9731 SW 157 TERRACE MIAMI, FL 33157 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Siomara Bowersox 13220 SW 66 Street Miami, FL 33183 | <input type="checkbox"/> Change <input checked="" 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 |
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| 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 another like empowered. | | | | | |
| SIGNATURE: | | | DATE: 3/28/06 Daytime Phone #: (305) 385 8229 | | |