

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L60340**

1. Entity Name  
**BO-TEK INSTALLATIONS, INC.**



Principal Place of Business  
**18995 SW 256 ST.  
HOMESTEAD, FL 33031**

Mailing Address  
**18995 SW 256 ST.  
HOMESTEAD, FL 33031**

**DO NOT WRITE IN THIS SPACE**



06172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0177849</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BOTEK, VINCE  
18995 SW 256 STREET  
HOMESTEAD, FL 33031**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	<b>BOTEK, VINCENT</b>
STREET ADDRESS	<b>18995 SW 256 STREET</b>
CITY - ST - ZIP	<b>HOMESTEAD, FL 33031</b>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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07/01/04-80003-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

*Vincent Botek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-04

Date

305 245 5495

Daytime Phone #