


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # M19305 1. Entity Name BOXES ETC., INC.	
---	---

Principal Place of Business 7600 KINGSPONTE PKWY 101 ORLANDO, FL 32819 US	Mailing Address 7600 KINGSPONTE PKWY 101 ORLANDO, FL 32819 US
--	--



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2560463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNIZ, MARCOS A JR
7600 KINGSPONTE PKWY.
101
ORLANDO, FL 32819

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

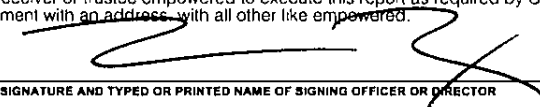
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUNIZ, MARCOS A JR 7600 KINGS POINTE PKWY SUITE 101 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, BRIAN B 7600 KINGS POINTE PKWY SUITE 101 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPMAN, BRIAN B 7600 KINGS POINT PKWY SUITE 101 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNIZ, MARCOS A JR 7600 KINGSPONTE SUITE 101 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000722241
 05/02/07-80024-003 150.00

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 all other like empowered.

SIGNATURE: X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____