

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M83217

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** BOCA BARGOONS, INC.

**Current Principal Place of Business:**

% EDWARD WOLLENSTEIN  
190 NW 20TH ST  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

3030 CASTLE PINES DRIVE  
DULUTH, GA 30097 US

**New Principal Place of Business:**

% EDWARD WOLLSTEIN  
190 NW 20TH ST  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 65-0111505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLLENSTEIN, EDWARD  
190 NW 20TH ST  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

WOLLSTEIN, EDWARD  
190 NW 20TH ST  
BOCA RATON, FL 33431 US

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.

SIGNATURE: EDWARD WOLLSTEIN      04/30/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WOLLENSTEIN, EDWARD  
Address: 3030 CASTLE PINES DRIVE  
City-St-Zip: DULUTH, GA 30097

Title: D      ( ) Delete  
Name: WOLLSTEIN, CYNTHIA  
Address: 3030 CASTLE PINES DRIVE  
City-St-Zip: DULUTH, GA 30097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: WOLLSTEIN, EDWARD  
Address: 3030 CASTLE PINES DRIVE  
City-St-Zip: DULUTH, GA 30097

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA WOLLSTEIN      D      04/30/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date