## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # M87951 1. Entity Name 04-28-2004 90185 014 \*\*\*150 00 BOEHRINGER GALLERY INTERNATIONAL, INC. Principal Place of Business Mailing Address P.O. BOX 355 P.O. BOX 355 HOBE SOUND FL 33475 HOBE SOUND FL 33475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0065657 Not Applicable Zip -----Zip Country ∸Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOEHRINGER, BARBARA--Street Address (P.O. Box Number is Not Acceptable) 11755 SE LAUREL LANE 9121 SE Dancan St. HOBE SOUND FL 33455 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 April 20 - 2004 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDS Change : ¹☐ Addition TITLE □ Delete TITLE BOEHRINGER, BARBARA NAME NAME 9121 SE Juncan Street 41765 SE LAUREL LANE STREET ADDRESS STREET ADDRESS HOBE SOUND FL CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TETLE BOEHRINGER, STEPHAN NAME NAME 9121 St Duncan Street 9121 St Juncan Street STREET ADORESS 11755 SE LAUREL LANE STREET ADDRESS HOBE'SOUND:FL-----CITY-ST-ZIPT Change TITLE ☐ Delete Addition NAME BUEHRINGER, MELANIE NAME STREET ADDRESS P.O.BOX 1382 1175 SE LAUREL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33475 Change TIYLE ☐ Delete TITL F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITTE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

**FILED**