

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007117

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE BOAZ GROUP, INC.

## Current Principal Place of Business:

1873 NW 64TH STREET  
MIAMI, FL 33147

## New Principal Place of Business:

## Current Mailing Address:

1873 NW 64TH STREET  
MIAMI, FL 33147

## New Mailing Address:

FEI Number: 65-1048539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAY, TAMARA I  
7320 N AGUSTA DR  
HIALEAH, FL 33015 US

## Name and Address of New Registered Agent:

GRAY, TAMARA I  
1320 NW 14TH STREET  
MIAMI, FL 33125 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:

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC ( ) Delete  
Name: BRYANT, JIMMIE L  
Address: 10670 SW 21ST ST  
City-St-Zip: MIRAMAR, FL 33025

Title: DS ( ) Delete  
Name: WILLIAMS, DOREAN  
Address: 2100 NW 34TH ST  
City-St-Zip: MIAMI, FL 33142

Title: DT ( ) Delete  
Name: LECOUNTE, MARY  
Address: 8935 NW 35TH CT  
City-St-Zip: MIAMI, FL 33147

Title: DP ( ) Delete  
Name: BRYANT, JIMMIE L  
Address: 10670 SW 21ST ST  
City-St-Zip: MIRAMAR, FL 33025

Title: DV ( ) Delete  
Name: GREEN, JAMES  
Address: 3410 NW 21ST AVE  
City-St-Zip: MIAMI, FL 33142

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREAN M. WILLIAMS

DS

04/28/2009

Electronic Signature of Signing Officer or Director

Date