2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077563

Entity Name: BOTAS BOTS CORPORATION

FILED May 31, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

 1424 OSCEOLA PWY
 2371 SW 195TH AVENUE

 KISSIMMEE, FL 34744
 MIRAMAR, FL 330295917 US

Current Mailing Address: New Mailing Address:

 1424 OSCEOLA PWY
 2371 SW 195TH AVENUE

 KISSIMMEE, FL 34744
 MIRAMAR, FL 330295917 US

FEI Number: 65-1089631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COY, GLORIA P.

13524 TURTLE MARSH LOOP

ORLANDO, FL 32837 US

COY, GLORIA P.

2371 SW 195TH AVENUE

MIRAMAR, FL 33029 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: GLORIA P. COY 05/31/2005

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: COY, GLORIA P Name: COY, GLORIA P

 Address:
 13524 TURTLE MARSH LOOP
 Address:
 2371 SW 195TH AVENUE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 MAIRAMAR, FL 330295917 US

Title: S () Delete Title: () Change () Addition

 Name:
 LOPEZ, MARINA
 Name:

 Address:
 CALLE 60 NO. 66-12
 Address:

 City-St-Zip:
 BOSQUE POPULAR VOLOMBIZ,
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLORIA P COY PD 05/31/2005