

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90026 004 ***150.00

DOCUMENT # P00000084297

1. Entity Name
BOGANI INSURANCE SERVICES, INC.



Principal Place of Business
**6903 VISTA PARKWAY NORTH
SUITE #2
ROYAL PALM BEACH, FL 33411**

Mailing Address
**6903 VISTA PARKWAY NORTH
SUITE #2
ROYAL PALM BEACH, FL 33411**

50001797



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-1036889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOGANI, RICHARD J
6903 VISTA PKWY. N.
SUITE 2
ROYAL PALM BEACH, FL 33414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when restatesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOGANI, RICHARD J**
STREET ADDRESS **6903 VISTA PARKWAY N, SUITE 2**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LOUIS, RODNEY**
STREET ADDRESS **6903 VISTA PARKWAY N, SUITE 2**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

[Signature]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

561-433-2215

Date

Daytime Phone #



12794 West Forest Hill Blvd., Suite 34
Wellington, FL 33414
Phone: (561) 433-2215 Fax: (561) 966-0383
www.boganiinsurance.com

EXCITING NEWS!!

OUR AGENCY HAS MOVED☺

WE HAVE RELOCATED OUR OFFICES. WE ARE NOW IN THE "OLD WELLINGTON MALL" ON THE CORNER OF FOREST HILL BLVD AND WELLINGTON TRACE (address above).

OUR PHONE, FAX, AND EMAIL ADDRESSES REMAIN THE SAME.

PLEASE BE SURE TO RE-DIRECT YOUR CORRESPONDENCE AND OFFICE VISITS TO OUR NEW LOCATION

ALSO....BE ON THE LOOKOUT FOR THE LAUNCH OF OUR NEW WEBSITE

www.boganiinsurance.com

WE ARE VERY EXCITED ABOUT THESE ANNOUNCEMENTS. WE HOPE THAT YOU CAN JOIN WITH US IN PRAISE AND REMAIN IN PRAYER FOR OUR CONTINUED SUCCESS.

WE LOVE BEING YOUR AGENCY AND LOOK FORWARD TO YOUR VISITS SOON TO OUR NEW OFFICE.

Rick Bogani, President

Rodney Louis, Vice President

Mike Cronan, Vice President