

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Amended


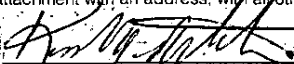
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04 MAY 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000023049			
1. Entity Name BOSCHLO, INC.		Principal Place of Business 18 MARINA ISLES BLVD. SUITE # 205 INDIAN HARBOUR BEACH, FL 32937	
Mailing Address 18 MARINA ISLES BLVD. SUITE # 205 INDIAN HARBOUR BEACH, FL 32937		2. Principal Place of Business <i>SAME</i>	
Suite, Apt. #, etc.		3. Mailing Address <i>SAME</i>	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number 59-3703878		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILITANO, KRIS M 18 MARINA ISLES BLVD. SUITE # 205 INDIAN HARBOUR BEACH, FL 32937		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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.		DATE	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILITANO, KRIS M	NAME	SECRETARY KYM MILITANO
STREET ADDRESS	18 MARINA ISLES BLVD. #205	STREET ADDRESS	18 MARINA ISLES BLVD, SUITE 205
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP	INDIAN HARBOUR BEACH, FLORIDA 32937
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	300037731703
STREET ADDRESS		STREET ADDRESS	06/08/04--01005--015 **70.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 5/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KRIS M. MILITANO		Daytime Phone # 321-288-0889	

BS