

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000049346

1. Entity Name
BOSQUES COMMUNICATIONS, INC.



Principal Place of Business
422 BALI TERRACE
DELTONA, FL 32725

Mailing Address
P O BOX 5521
DELTONA, FL 32728 US

FILED

2004 MAY 25 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3719543

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOSQUES, MALAQUIAS
422 BALI TERRACE
DELTONA, FL 32725

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSQUES, MALAQUIAS 422 BALI TERRACE DELTONA, FL 32725
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000037338880
05/26/04--01047--022 **550.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/04 386-860-1403