


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 044 ***150.00

DOCUMENT # P01000079096 1. Entity Name BOONE DEVELOPMENT OF FLORIDA, INC.	
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Principal Place of Business 9901 NW 41 STREET DORAL, FL 33178	Mailing Address 9901 NW 41 STREET DORAL, FL 33178
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DO NOT WRITE IN THIS SPACE

401000037



06042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1133347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GUIMARAES, MARCIO 7716 NW 113 AVENUE MIAMI, FL 33178
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GUIMARAES, ROSULINA 7716 NW 113 AVENUE MIAMI, FL 33178
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IN THIS SPACE**

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:  **06/05/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #