## ANNUAL REPORT

## DOCUMENT # P01000102211 1. Entity Name BOCA GRANDE INVESTMENTS, INC. Principal Place of Business Mail



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business			
5718 WESTHEIMER			
SUITE 1806			
HOUSTON, TX 77057	US		

MIAMI, FL 33131

Mailing Address
5718 WESTHEIMER

5718 Westheimer Suite 1806 Houston, TX 77057



## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KLEIN, BRENT D
801 BRICKELL AVE STE 1901

## DO NOT WRITE IN THIS SPACE

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<ol> <li>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.</li> </ol>						
SIGNATURE.	Signature, typod or printed name of registered agent and title	# applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, BARBARA 5718 WESTHEIMER, SUITE 1806 HOUSTON, TX 77057				U00000615352 02/06/07-90062-023 150.00	
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12. I hereby certify that the information supplied with this filling 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 extrevite 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 /

Doylime Phone #