

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000105888

1. Entity Name  
BOHEMIA PIANO AMERICA, INC.



Principal Place of Business  
5008 W. LINEBAUGH AVE  
SUITE 37  
TAMPA, FL 33624

Mailing Address  
P O BOX 17789  
TAMPA, FL 33682-7789

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3761081	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SHOBE, DAVID C ESQ.  
501 E KENNEDY BLVD  
17TH FLOOR  
TAMPA, FL 33602

Name  
Corporation Service Company

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

1201 Hays Street

City  
Tallahassee

FL Zip Code  
32301

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

*Harry B. Davis*

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

**Harry B. Davis**  
**Asst. Vice President**

2/15/07

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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  
SCHRAMLOVA, MARCELA  
PO BOX 17789  
TAMPA, FL 33624

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

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:

*Marcela Schramlova*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2007

813-908-6471

Date

Daytime Phone #

40025951

