

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 024 ***150.00

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1. Entity Name
BOOM-LAND C.A., INC.

Principal Place of Business
% 782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

Mailing Address
PO BOX 520687
MIAMI, FL 33152

60028602



2. Principal Place of Business
6950 NW 77 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142006

Chg-P

CR2E034 (11/05)

City & State
MIAMI FL

City & State

4. FEI Number
05-0533402

Applied For
Not Applicable

Zip
33166

Country
MIAMI Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M ESQ.
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
JOSE M. MARQUEZ Esq.

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

6303 Blue Lagoon Drive Suite 390

City
MIAMI

FL

Zip Code
33126

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 \$150.00
After May 1, 2006 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
TERNER, SALOMON
6950 NW 77 CT
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALOMON TERNER, Director 2/15/06 305-266-9000

Date

Daytime Phone #