

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000014434

1. Entity Name

THE BOSTON TEEBAG COMPANY INC.



Principal Place of Business

1155 BRICKELL BAY DRIVE
SUITE 3105
MIAMI, FL 33131 US

Mailing Address

1155 BRICKELL BAY DRIVE
SUITE 3105
MIAMI, FL 33131 US



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARVER, MICHAEL
1155 BRICKELL BAY DRIVE
SUITE 3105
MIAMI, FL 33131

**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 \$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	P
NAME	SARVER, MICHAEL
STREET ADDRESS	1155 BRICKELL BAY DRIVE SUITE 3105
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	CEOD
NAME	SARVER, MARILYN
STREET ADDRESS	1155 BRICKELL BAY DRIVE SUITE 3105
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/26/07-80069-019 150.00

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

4/12/07

Date

919-302-6050

Daytime Phone #