

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084151

FILED
Apr 27, 2009
Secretary of State

Entity Name: BOCA PRO SERVICES, INC.

Current Principal Place of Business:

899 W. CAMINO REAL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

899 W. CAMINO REAL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-1199810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE, WILMA
899 W. CAMINO REAL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDRADE, WILMA
Address: 899 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BERHO, MARIEL
Address: 899 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486 US

Title: D () Change (X) Addition
Name: BERHO, TIE
Address: 899 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486 US

Title: D () Change (X) Addition
Name: ANDRADE, YURI
Address: 899 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486 US

Title: D () Change (X) Addition
Name: ANDRADE, JONAS
Address: 899 W. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRADE WILMA

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date