

# 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