

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000010295**

**1. Entity Name**  
**BOADA CORP**



**Principal Place of Business**  
**31200 SW 208 CT**  
**HOMESTEAD, FL 33032 US**

**Mailing Address**  
**131 GARDEN ST**  
**TAVERNIER, FL 33010 US**



01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-2083897	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BOADA, FELIX R**  
**131 GARDEN ST**  
**TAVERNIER, FL 33070**

**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, 2008 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>BOADA, FELIX R</b>
<b>STREET ADDRESS</b>	<b>31200 SW 208TH CT</b>
<b>CITY-ST-ZIP</b>	<b>HOMESTEAD, FL 33030</b>

<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>BOADA, FLOR M</b>
<b>STREET ADDRESS</b>	<b>131 GARDEN STREET</b>
<b>CITY-ST-ZIP</b>	<b>TAVERNIER, FL 33070</b>

<b>TITLE</b>	<b>S</b>
<b>NAME</b>	<b>BOADA, EMMANUEL</b>
<b>STREET ADDRESS</b>	<b>131 GARDEN STREET</b>
<b>CITY-ST-ZIP</b>	<b>TAVERNIER, FL 33070</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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

1/26/08

Date

Daytime Phone #