

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000032452

1. Entity Name
BOSS NOVELTY DISTRIBUTORS, INC.



Principal Place of Business
**11600 QUAIL ROOST DR
MIAMI, FL 33157-6550**

Mailing Address
**11600 QUAIL ROOST DR
MIAMI, FL 33157-6550**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1085502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GONZALEZ, MARIO
11600 QUAIL ROOST DR
MIAMI, FL 33157-6550**

**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

000000821588
02/19/08-80033-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GONZALEZ, MARIO
STREET ADDRESS	12240 SW 121 AVENUE
CITY-ST-ZIP	MIAMI, FL 331865158

TITLE	DVS
NAME	GONZALEZ, NATALIA
STREET ADDRESS	12240 SW 121 AVENUE
CITY-ST-ZIP	MIAMI, FL 331865158

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

MARIO GONZALEZ 1/7/08

Date

Daytime Phone #