

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90027 032 \*\*\*150.00

DOCUMENT # P04000079661

1. Entity Name  
BOCALANDRO INVESTMENTS, CORP.



Principal Place of Business  
14141 S BISCAYNE RIVER DR  
NORTH MIAMI BCH, FL 33161

Mailing Address  
14141 S BISCAYNE RIVER DR  
NORTH MIAMI BCH, FL 33161



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1150982

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

BOCALANDRO, AMADO J  
14141 S BISCAYNE RIVER DR  
N MIAMI BEACH, FL 33161

**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 BOCALANDRO, AMADO J  
STREET ADDRESS 14141 S BISCAYNE RIVER DR  
CITY-ST-ZIP N MIAMI BEACH, FL 33161

TITLE VP  
NAME BOCALANDRO, YUSMEL  
STREET ADDRESS 5800 NW 200 ST  
CITY-ST-ZIP MIAMI, FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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: *Amado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Amado Bocalandro*

*4/27/07*  
Date

*(305) 910-7360*  
Daytime Phone #