

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091103

FILED
Mar 28, 2006
Secretary of State

Entity Name: BOKADOM INVESTMENT CORPORATION

Current Principal Place of Business:

1155 BRICKELL BAY DR SUITE 1108
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1155 BRICKELL BAY DR SUITE 1108
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, OMAR
1155 BRICKELL BAY DR SUITE 1108
MIAMI, FL 33131 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: DPST () Delete
Name: PONCE, OMAR E
Address: 1155 BRICKELL BAY DR SUITE 1108
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: PONCE, DIEGO
Address: 1155 BRICKELL BAY DR SUITE 1108
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: PONCE, BETINA
Address: 1155 BRICKELL BAY DR SUITE 1108
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: PONCE, OLGA
Address: 1155 BRICKELL BAY DR SUITE 1108
City-St-Zip: MIAMI, FL 33131

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: PONCE, BETINA
Address: 1155 BRICKELL BAY DR SUITE 1108
City-St-Zip: MIAMI, FL 33131

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

Title: V () Change (X) Addition
Name: PONCE, MARIELA
Address: 1155 BRICKELL BAY DR SUITE 1108
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: OMAR PONCE

D

03/28/2006

Electronic Signature of Signing Officer or Director

Date