

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000139386

Entity Name: BOJAC ENTERPEISES INC.

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

10860 PINES BLVD  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

10860 PINES BLVD  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 32-0128933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

CRAWFORD, OUIDA A MS  
11112 BOSTON DRIVE  
COOPER FL, FL 33026 US

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: OUIDA CRAWFORD

03/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRAWFORD, OUIDA  
Address: 11112 BOSTON DR.  
City-St-Zip: COOPER CITY, FL 33026

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CFO ( ) Change (X) Addition  
Name: LATTY, MICHELLE F MS  
Address: 11112 BOSTON DRIVE  
City-St-Zip: COOPER CITY, FL 33026

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: OUIDA CRAWFORD

D

03/15/2006

Electronic Signature of Signing Officer or Director

Date