## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT DOCUMENT # P04000143293** 1. Entity Name BOOPIE GIRL INC.

**FILED** Jan 08, 2007 08:00 AM **Secretary of State** 

Applied For

4**5**7 521 7628

Not Applicable

Principal Place of Business

PETERMAN, MICHAEL H 3800 EDGEWATER DRIVE ORLANDO, FL 32804

SIGNATURE:

Mailing Address

3800 EDGEWATER DRIVE 3800 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804

6. Name and Address of Current Registered Agent



DO NOT WRITE IN THIS SPACE

01032007	No Chg-P	CR2E034 (11/05)	

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

4. FEI Number 27-0111879

1/3/07

DO	NOT	WRITE
IN 1	ГНІЅ	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 trille if applicable (NOTE: Registered Agent signature required when re-netating)  DATE							
FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERMAN, MICHAEL H 121 SUMMIT ASH WAY APOPKA, FL 32703				000000577436 01/08/07-80015-024 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					: 		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP							
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 office in the empowered.							

NG OFFICER OR DIRECTOR