2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000152252 1. Entity Name BORGES & BORGES ASSOCIATES, INC. Principal Place of Business Mailing Address

FILED May 01, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

1450 E. HALLANDALE BEACH BLVD. - HALLANDALE, FL 33009

4.	FEI Number 20-1868102	 Applied For Not Applicable	
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BORGES, JORGETE 455 GOLDING ISLES DRIVE, #310 HALLANDALE BEACH, FL 33009

SIGNATURE:

1450 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

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04/26/06 (954)

No Chg-P

04252006

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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent and title	l applicable [NOTE Registered	Agent signature	required when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	olng 🖸	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORGES, JORGETE 455 GOLDING ISLES DRIVE #310 HALLANDALE BEACH, FL 33009				U00000555324 05/16/06 80028-020 150.00 ⁻		
THTLE NAME STREET ADDRESS C/TY-ST-ZIP					05/16/06 80028-020 150.00 1		
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TRILE MAME STREET ADDRESS GITY-ST-ZIP				IN T	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 filling 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 an other like empowered.							

NAME OF SIGNING OFFICER OR DIRECTOR