

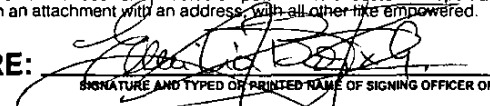


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 015 ***150.00

DOCUMENT # P05000046750					
1. Entity Name BOIX STORK, INC.					
Principal Place of Business 2818 NW 112 AVE MIAMI, FL 33172			Mailing Address 2818 NW 112 AVE MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 1970 NW 129 AVE		3. Mailing Address 1970 NW 129 AVE			
Suite, Apt. #, etc. STE # 103		Suite, Apt. #, etc. STE # 103			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33182		Country US		4. FEI Number 42-1666137	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GASTILLO B. ALVARO 1390 BRICKELL AVE STE 200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name EMILIA BOIX Street Address (P.O. Box Number is Not Acceptable) 1970 NW 129 AVE STE # 103 City MIAMI FL Zip Code 33182		
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  03/19/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete JUAN JOSE BOIX MARTINEZ 2818 NW 112 AVE MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUAN JOSE BOIX MARTINEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1970 NW 129 AVE - STE 103 MIAMI, FL 33182	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V <input type="checkbox"/> Delete BOIX, EMILIA 2818 NW 112 AVE MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOIX, EMILIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1970 NW 129 AVE - STE 103 MIAMI, FL 33182	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			03/19/2008 305-406-1593		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		