

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093558

FILED
Mar 01, 2007
Secretary of State

Entity Name: BOB FINANCIAL SERVICES, INC.

Current Principal Place of Business:

2 ALHAMBRA PLZ STE 1202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2 ALHAMBRA PLZ STE 1202
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-4751132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALHAMBRA REGISTERED AGENTS, INC.
2 ALHAMBRA PLZ STE 1202
CORAL GABLES, FL 33134 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: D/P () Delete
Name: MCWEENEY, PAUL
Address: P.O. BOX N-7118
City-St-Zip: NASSAU, NP BAHAMAS

Title: D () Delete
Name: FARQUHARSON, BEVERLEY
Address: P.O. BOX N-7118
City-St-Zip: NASSAU, NP BAHAMAS

Title: D () Delete
Name: DELANEY, VAUGHN
Address: P.O. BOX N-7118
City-St-Zip: NASSAU, NP BAHAMAS

Title: S () Delete
Name: HAVEN, SAM
Address: 520 BRICKELL KEY DRIVE, SUITE O-305
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SAM HAVEN

S

03/01/2007

Electronic Signature of Signing Officer or Director

Date