2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# P06000051349

Entity Name: BOZA REALTY, INC.

Current Principal Place of Business:

18233 CYPRESS HAVEN DR
TAMPA, FL 33647

New Principal Place of Business:

2529 W. BUSCH BLVD.
SUITE #600
TAMPA, FL 33618

Current Mailing Address:

18233 CYPRESS HAVEN DR
TAMPA, FL 33647

New Mailing Address:

2529 W. BUSCH BLVD.
SUITE #600
TAMPA, FL 33618

FEI Number: 20-4711919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, CARY
328 W BEARSS AVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

ROSS, CARY
6987 E. FOWLER AVE
TAMPA, FL 33617 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: CARY ROSS 09/05/2007
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: BOZA, OBEL R
Address: 18233 CYPRESS HAVEN DR
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: BOZA, REINA
Address: 18233 CYPRESS HAVEN DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOZA, OBEL R
Address: 2529 W. BUSCH BLVD., SUITE #600
City-St-Zip: TAMPA, FL 33618

Title: DST (X) Change ( ) Addition
Name: BOZA, REINA
Address: 2529 W. BUSCH BLVD., SUITE #600
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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: OBEL R. BOZA P 09/05/2007
Electronic Signature of Signing Officer or Director Date