2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# P06000051349

Entity Name: BOZA REALTY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

5010 W. CARMEN ST.
SUITE #2601
TAMPA, FL 33609

Current Mailing Address:

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

New Mailing Address:

5010 W. CARMEN ST.
SUITE #2601
TAMPA, FL 33609

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
6987 E. FOWLER AVE
TAMPA, FL 33617 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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BOZA, OBEL R
Address: 5010 W. CARMEN ST. STE 2601
City-St-Zip: TAMPA, FL 33609

Title: DST (X) Change ( ) Addition
Name: BOZA, REINA
Address: 18233 CYPRESS HAVEN DR.
City-St-Zip: TAMPA, FL 33647

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 DP 07/11/2008

Electronic Signature of Signing Officer or Director Date