


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90036 036 ***150.00

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| DOCUMENT # P06000133403 |  |
| 1. Entity Name BOCA TINTING, INC. | |

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| Principal Place of Business 7830 WILES ROAD CORAL SPRINGS, FL 33067 | Mailing Address 7830 WILES ROAD CORAL SPRINGS, FL 33067 |
|---|---|

60026289



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|---|--------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 90 N.W. Spanish River Blvd | 3. Mailing Address Suite 5 |
| Suite, Apt. #, etc. Suite 5 | Suite, Apt. #, etc. |
| City & State Boca Raton | City & State |
| Zip 33431 | Country USA |

02222007 Chg-P CR2E034 (12/06)

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|---|--|
| 6. Name and Address of Current Registered Agent MCDONALD, ABIGAIL P 7830 WILES ROAD CORAL SPRINGS, FL 33067 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MCDONALD, ABIGAIL P 7830 WILES ROAD CORAL SPRINGS, FL 33067 <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 |
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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: Abigail McDonald **954-345-7800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #