

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140130

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: BOLAGO ENTERPRISES OF MIAMI CORP

**Current Principal Place of Business:**

910 COLLINS AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

2939 INDIAN CREEK DR  
405  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 59-1613603      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, ILANA  
2939 INDIAN CREEK DR  
405  
MIAMI BEACH, FL 33140 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: P ( ) Delete  
Name: COHEN, ELIEZER  
Address: 2939 INDIAN CREEK DR #405  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete  
Name: COHEN, RAUL  
Address: 2939 INDIAN CREEK DR #405  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete  
Name: COHEN, ADOLFO  
Address: 2939 INDIAN CREEK DR #405  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S ( ) Delete  
Name: COHEN, ILANA  
Address: 2939 INDIAN CREEK DR #405  
City-St-Zip: MIAMI BEACH, FL 33140 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 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: ILANA COHEN

S

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date