

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000032448

1. Entity Name
BOKIM, INC.



**FILED
Apr 20, 2005 8:00 am
Secretary of State**

04-20-2005 90331 017 ***150.00

Principal Place of Business
6093 LAKEWORTH RD
GREEN ACRES, FL 33463 US

Mailing Address
6322 HARBOR STAR DR
LAKE WORTH, FL 33463 US

DO NOT WRITE IN THIS SPACE

50039784



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0406447	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <i>BREITSPRECHER</i> BRZITSPEZHER, DUANGPOR N 9825 HINDEL CT BOYNTON BEACH, FL 33437	
<i>CORRECT SPELLING</i> <i>BREITSPRECHER</i>	

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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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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

TITLE	D
NAME	GARVEY, ROBERT F
STREET ADDRESS	6322 HARBOR STAR DR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert Garvey* ROBERT GARVEY PRESIDENT 415/05519653788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #