

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000060848

1. Entity Name
STEVE BOOS, INC.



Principal Place of Business
2267 SW 126TH AVENUE
MIRAMAR, FL 33027

Mailing Address
2267 SW 126TH AVENUE
MIRAMAR, FL 33027



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0439204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOOS, PATRICIA
2267 SW 126TH AVENUE
MIRAMAR, FL 33027

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IN THIS SPACE**

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 resigning) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000474796

04/04/06-80038-019 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BOOS, STEVE
STREET ADDRESS 2267 SW 126TH AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D
NAME BOOS, PATRICIA
STREET ADDRESS 2267 SW 126TH AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE D
NAME BOOS, CHRISTINA
STREET ADDRESS 15778 N.W. 4TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33028

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 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:

Patricia Boos (Patricia Boos)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06
Date

954-538-8814
Daytime Phone V