


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90189 025 ***150.00

DOCUMENT # P94000015448	
1. Entity Name BOYETT CAPITAL MANAGEMENT, INC.	

Principal Place of Business 7700 N. KENDALL DR., STE 505 MIAMI, FL 33156 US	Mailing Address 7700 N. KENDALL DR., STE 505 MIAMI, FL 33156 US
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50048576

2. Principal Place of Business 1500 San Remo Suite, Apt. #, etc. Suite #203 City & State Coral Gables FL Zip 33146 Country	3. Mailing Address 1500 San Remo Suite, Apt. #, etc. Suite #203 City & State Coral Gables FL Zip 33146 Country
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04222005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0478995	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYETT, JAMES 7700 N. KENDALL DR., STE 505 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 1500 San Remo Suite 203 City Coral Gables FL Zip Code 33146
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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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYETT, JAMES L 7700 N. KENDALL DR., STE 505 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 San Remo, Suite #203 Coral Gables, FL 33146 <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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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

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: James L. Boyett 4/22/05 (305) 595-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #