

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90072 039 ***150.00

DOCUMENT # P95000032969

1. Entity Name

BOJU CORP.



Principal Place of Business

5182 BAYLEAF AVENUE
BOYNTON BEACH FL 33437

Mailing Address

17400 NE 12TH CT.
MIAMI FL 33162

2. Principal Place of Business

3. Mailing Address

20505 E Country Club Dr
Suite, Apt. #, etc.
2138

Suite, Apt. #, etc.

City & State

City & State

Aventura FL

Zip

Country

Zip

33180

Country

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0589437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPPE, ALLEN
17400 NE 12 CT.
MIAMI FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

20505 E Country Club Dr # 2138

City

Aventura

FL

Zip Code

33180

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 file if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PETRON, ROBERT
STREET ADDRESS 5182 BAYLEAF AVENUE 5143 Minto Rd
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☒ Change ☐ Addition
NAME 5143 Minto Rd
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Petron 2-1-06 561-667-1857