

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000063000

1. Entity Name
B.O.L.D. ENTOURAGE, INC.



Principal Place of Business
**170 SUNPORT LANE
#900
ORLANDO, FL 32809 US**

Mailing Address
**170 SUNPORT LANE
#900
ORLANDO, FL 32809 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0607652	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOMEZ, OCTAVIO
170 SUNPORT LANE
#900
ORLANDO, FL 32809**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**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

U00000425211
02/18/06-80085-007 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, OCTAVIO 5108 TIMBERVIEW TERRACE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STUART, LARRY G 9312 TIBET POINT CIRCLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, DAVID 25 SE 2ND AVE STE 1240 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 an other like empowered.

SIGNATURE: *[Signature]* 1/16/06 407.240.6150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #