

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 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



02142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0607652

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000658559  
03/15/07-80043-008 158.75

**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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Date

407-240-6150

Daytime Phone #

Octavio Gomez