

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 013 ***150.00

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DOCUMENT # P96000031191 1. Entity Name BOXFORD OVERSEAS LTD., INC.			
Principal Place of Business 3006 AVIATION AVE 2 A COCONUT GROVE, FL 33133 US		Mailing Address 3006 AVIATION AVE 2 A COCONUT GROVE, FL 33133 US	
2. Principal Place of Business 2601 South Bayshore Dr Suite, Apt. #, etc. #200 City & State Miami, FL Zip 33133 Country USA		3. Mailing Address 2601 South Bayshore Dr Suite, Apt. #, etc. #200 City & State Miami, FL Zip 33133 Country USA	
4. FEI Number 65-0660788		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVILA, EDUARDO 3006 AVIATION AVE 2 A COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name <u>Avila, Eduardo</u> Street Address (P.O. Box Number if Not Applicable) <u>2601 South Bayshore Drive</u> #200 City <u>Miami</u> FL Zip <u>33133</u>	
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 <u>[Signature]</u> DATE <u>4/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AVILA, EDUARDO 601 BRICKELL KEY DR SUITE E MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Avila, Eduardo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 South Bayshore Drive #200 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GONZALEZ, AWILDA 601 BRICKELL KEY DR. SUITE E MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Avila, Awilda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 South Bayshore Drive #200 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROQUE, MANUEL O 601 BRICKELL KEY DR. SUITE E MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roque, manuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2601 South Bayshore #200 Miami, FL 33133
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
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
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 reports 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/19/04</u> Daytime Phone # <u>(305) 857-0400</u>	