

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90167 014 \*\*\*150.00

**DOCUMENT # P98000050861**



1. Entity Name  
**BOSSMAN PRODUCTS INC.**

Principal Place of Business  
**97 N.W. 166TH ST  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**P.O. BOX 600027  
NORTH MIAMI BEACH, FL 33160**

2. Principal Place of Business - No P.O. Box #

**97 NW 166 st**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 600027**  
Suite, Apt. #, etc.



01092007 Chg-P CR2E034 (12/06)

City & State  
**NORTH MIAMI BEACH FL**

City & State  
**N. M. B.**

4. FEI Number  
**65-0842159**

Applied For  
Not Applicable

Zip  
**33169** Country  
**USA**

Zip  
**FL 33160** Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAEROVITZ, ROBERT  
97 N.W. 166TH ST  
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **ROBERT MAEROVITZ** DATE **4.1.07**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MAEROVITZ, ROBERT**  
STREET ADDRESS **97 N.W. 166TH ST**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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 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: **ROBERT MAEROVITZ** DATE **4.1.07** DAYTIME PHONE # **305 682 8527**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR