

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000009738

1. Entity Name
BOHICA, INC.



Principal Place of Business
1110 BRICKELL AVE. PH-1
MIAMI, FL 33131

Mailing Address
1110 BRICKELL AVE. PH-1
MIAMI, FL 33131

2. Principal Place of Business
18001 Old Cutler Road

Suite, Apt. #, etc.
Suite 600

City & State
Miami, Florida

Zip
33157

Country
USA

3. Mailing Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0909358

\$8.75 Additional
Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARVETT, FREDRIC M
1110 BRICKELL AVE. PH-1
MIAMI, FL 33131

Name

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

18001 Old Cutler Road

Suite 600

City

Miami

FL Zip Code
33157

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

03/07/06

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCEO
GARVETT, FREDRIC M
1110 BRICKELL AVE. PH-1
MIAMI, FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

18001 Old Cutler Road- Suite 600
Miami, Florida 33157

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

Director/CEO

03/07/06

305/377-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fredric M. Garrett

Date

Daytime Phone #

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90131 003 ***150.00

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03062006 Chg-P CR2E034 (11/05)