

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90012 044 ***150.00

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1. Entity Name
BORGES, INC.



Principal Place of Business
223 WASHINGTON AVE.
HOMESTEAD, FL 33033

Mailing Address
223 WASHINGTON AVE.
HOMESTEAD, FL 33033

2. Principal Place of Business - No P.O. Box #
625 Washington Ave
Suite, Apt. #, etc.

3. Mailing Address
625 Washington Ave.
Suite, Apt. #, etc.

City & State
Homestead, FL

City & State
Homestead, FL

Zip
33030

Country
DADE

Zip
33030

Country
DADE

03152007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0931285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACDANIEL, JOHN M ESQ.
TWO SOUTH BISCAYNE BLVD.
ONE BISCAYNE TOWER, SUITE 2975
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Edson BORGES

Street Address (P.O. Box Number is Not Acceptable)
21243 S.W. 94 CT.

City
MIAMI

FL

Zip Code
33189

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 Edson BORGES EDSON BORGES 3/16/07
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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BORGES, EDSON
STREET ADDRESS 21243 S.W. 94 CT
CITY-ST-ZIP MIAMI, FL 33189

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME BORGES, ANGELA
STREET ADDRESS 21243 S.W. 94 CT.
CITY-ST-ZIP MIAMI, FL 33189

TITLE D ☐ Change ☒ Addition
NAME BORGES, KARLA
STREET ADDRESS 23821 S.W. 108 Ave.
CITY-ST-ZIP Homestead, FL 33032

TITLE D ☐ Change ☒ Addition
NAME BORGES, JR, Edson
STREET ADDRESS 21243 S.W. 94 CT.
CITY-ST-ZIP MIAMI, FL 33189

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

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

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: Edson BORGES EDSON BORGES 3/16/07 305-245-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #