


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000072617 1. Entity Name GOOD IMPRESSIONS OF SOUTH FLORIDA, INC.																																										
Principal Place of Business 3190 SOUTH STATE ROAD 7 BAY 18 MIRAMAR, FL 33023	Mailing Address 3190 SOUTH STATE ROAD 7 BAY 18 MIRAMAR, FL 33023																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent BOXE, NORMAN D 3190 SOUTH STATE ROAD 7 BAY 18 MIRAMAR, FL 33023		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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																																										
<table border="1"><tr><td>TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>BOXE, NORMAN D</td></tr><tr><td>STREET ADDRESS</td><td>2430 SW 86TH AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>MIRAMAR, FL 33025</td></tr><tr><td>TITLE</td><td>STD</td></tr><tr><td>NAME</td><td>BOXE, PAULETTE A</td></tr><tr><td>STREET ADDRESS</td><td>2430 SW 86TH AVENUE</td></tr><tr><td>CITY-ST-ZIP</td><td>MIRAMAR, FL 33025</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	PD	NAME	BOXE, NORMAN D	STREET ADDRESS	2430 SW 86TH AVENUE	CITY-ST-ZIP	MIRAMAR, FL 33025	TITLE	STD	NAME	BOXE, PAULETTE A	STREET ADDRESS	2430 SW 86TH AVENUE	CITY-ST-ZIP	MIRAMAR, FL 33025	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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: <u>Paulette A. Boxe (Paulette A. Boxe)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-28-06</u> <u>954 9621740</u> <small>Date Daytime Phone #</small>																																								



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0945441

Applied For
Not Applicable

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

00000552642
05/15/06-80017-015 150.00

**DO NOT WRITE
IN THIS SPACE**

ch #6191