

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 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			
		<div style="text-align: center;">  </div>			
		04262008 No Chg-P CR2E034 (11/05)			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 65-0945441 </td> <td style="width: 20%; padding: 2px;"> Applied For Not Applicable </td> </tr> </table>		4. FEI Number 65-0945441	Applied For Not Applicable
4. FEI Number 65-0945441	Applied For Not Applicable				
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					
BOXE, NORMAN D 3190 SOUTH STATE ROAD 7 BAY 18 MIRAMAR, FL 33023					
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 re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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					
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					
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: <i>Paulette A. Boxe</i> Paulette A. Boxe		4-29-08 954 9621740			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

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