

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 011 ***158.75

DOCUMENT # S19964

1. Entity Name
 BOSTON INVESTORS GROUP, INC.



Principal Place of Business 3450 SW 3 AVE MIAMI, FL 33145 US	Mailing Address 3450 SW 3 AVE MIAMI, FL 33145 US
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DO NOT WRITE IN THIS SPACE

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01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0245955	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAUSER, STUART H., CPA
 14446 W DIXIE HWY
 MIAMI, FL 33161

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 _____ DATE _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODY, SURESH C. 3450 SW THIRD AVE MIAMI, FL 331453914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MODY, RENU N. 1717 N BAYSHORE DR, #2234 MIAMI, FL
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: Suresh Mody **Date:** 1/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #