## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # V61055**



FILED Feb 25, 2008 8:00 am **Secretary of State** 

02-25-2008 90046 010 \*\*\*158.75 BOUTH KENDALL INTERIORS, INC. Principal Place of Business Mailing Address 13859 SW 142 AVE 13859 SW 142 AVE MIAMI, FL 33186 MIAMI, FL 33186 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3605 SW 149 Ave SW 149 Ave 13605 Suite, Apt. #, etc. Suite, Apt. #, etc. 01312008 CR2E034 (12/06) Chg-P 5k∙l City & State City & State 4 FEI Number Applied For Miami 65-0354207 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTILLO, MIGUEL A 13859 S.W. 142 AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33186 10 SŦ 110 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Addition TITLE Castillo, Verania The change CASTILLO, VERANIA NAME NAME STREET ADDRESS 10510 SW 146 CT STREET ADDRESS MIAMI, FL Miami, F1 33187 CITY-ST-ZIP CITY-ST-ZIP MIE Rodriguez, Gisell 6830 SW 163 Pl □ Delete TITLE ☐ Change ☐ Addition NAME CASTILLO, GISELL NAME 10510 SW 146 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 Miami, F1 33183 CITY-ST-ZIP Castillo, Miguel A 10461 SW 20 St Miami, F1 33165 TITLE ☐ Delete TITLE Change ☐ Addition NAME CASTILLO, MIGUEL A NAME STREET ADDRESS 10510 S.W. 146 COURT STREET ADORESS CITY-ST-70 MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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 Statutesyand 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: \_