

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000041129

**Entity Name:** BOAZ OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

120-75 NW 40TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12075 NW 40TH ST.  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 20-2592123

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALLINA, PHILIP J  
12075 NW 40TH ST.  
BAY 6  
CORAL SPRINGS, FL 33065 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GALLINA, PHILIP J  
Address 12075 NW 40TH ST.  
BAY 6  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name GALLINA, ANTOINETTE  
Address 7574 GRANVILLE DRIVE  
City-State-Zip: TAMARAC FL 33321

Title S  
Name MICHELE, GALLIA  
Address 11880 ROYAL PALM BLVD.  
City-State-Zip: CORAL SPRINGS FL 33065

Title T  
Name ANNAMARIE, GALLINA  
Address 10032 AUTUMN CREEK LANE  
City-State-Zip: ORLANDO FL 32832

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP GALLINA

P

04/16/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date