


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90025 039 \*\*\*150.00

**DOCUMENT # P98000043373**

1. Entity Name  
**BOSSAR USA, INC.**



Principal Place of Business  
**1144 TALLEVAST RD  
 SUITE 104  
 SARASOTA, FL 34243 US**

Mailing Address  
**1144 TALLEVAST RD  
 SUITE 104  
 SARASOTA, FL 34243 US**

40098600



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**848 Brickell Avenue  
 Suite 830**

07052006 Chg-P CR2E034 (11/05)

City & State  
**Miami, FL**

4. FEI Number  
**65-0844347**

Applied For  
 Not Applicable

Zip  
**33131**

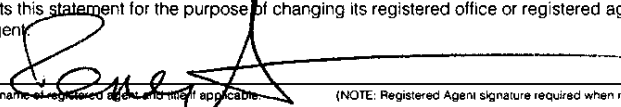
Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**FREUNDT, JUDITH M.A.  
 MARTIN & ASSOCIATES, P.A.  
 848 BRICKELL AVENUE, SUITE 830  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name **Renee Adwar, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**848 BRICKELL AVENUE  
 SUITE 830**  
 City **MIAMI** FL Zip Code **33131**

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 **07/3/06**

Signature, typed or printed name of registered agent and must be applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PARREU, GABRIEL T<br>848 BRICKELL AVE STE 830<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STANTON, ROGER M<br>848 BRICKELL AVE STE 830<br>MIAMI, FL 33131  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE **07/03/06** (305) 374-4422

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

ATTACHMENT  
LAW OFFICES  
OF  
RENEE ADWAR, P.A.

40098666

RENEE ADWAR

SUITE 830  
848 BRICKELL AVENUE  
MIAMI, FLORIDA 33131  
TELEPHONE (305) 374-4422  
FAX (305) 530-9956  
E-MAIL: radwarpa@bellsouth.net

July 5, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

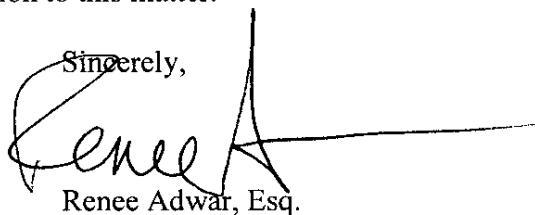
RE: **BOSSAR USA, INC.**  
**DOCUMENT # P98000043373**

Dear Sir or Madam:

Enclosed please find our corporate check # 160 in the amount of \$150.00 for the renewal of the corporation referenced above. We hereby request that you waive the \$400.00 penalty for late renewal. The previous Registered Agent passed away and unfortunately the mailing address was not changed in order for our office to receive the renewal form. Please accept our apologies and we assure you this will not happen again. We have modified the mailing address on the UBR.

Thank you for your kind attention and cooperation to this matter.

Sincerely,



Renee Adwar, Esq.

RA/jd