


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90058 033 \*\*\*\*61.25

<b>DOCUMENT # 723984</b>					
1. Entity Name BOCA PALMS, INC.					
Principal Place of Business 778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 US			Mailing Address P.O. BOX 97-0069 BOCA RATON, FL 33497-0069 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03282008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1511931	
				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			7. Name and Address of New Registered Agent		
PALOMBI, GARY 778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPIA, VICTOR		NAME		
STREET ADDRESS	290 W PALMETTO PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, ALICE		NAME		
STREET ADDRESS	290 W PALMETTO PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARNANG, BECKY		NAME		
STREET ADDRESS	290 W PALMETTO PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, JENNY		NAME		
STREET ADDRESS	290 W. PALMETTO PARK ROAD #506		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS, AGATHA G		NAME	Hector Medolla	
STREET ADDRESS	290 W. PALMETTO PARK ROAD #507		STREET ADDRESS	290 W Palmetto Park Road #112	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Boca Raton FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Paula Lima	
STREET ADDRESS			STREET ADDRESS	290 W Palmetto Park Road #509	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33432	
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 617, 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: <u>A J Rooney</u>		Date: <u>03/31/08</u>		Daytime Phone #: <u>561-394-9826</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	