


2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/2 **FILED**
Jul 21, 2008 8:00 am
Secretary of State

06-23-2008 90004 001 ***150.00

DOCUMENT # J38678
 1. Entity Name
ANB OF BOCA NO. 4, INC.



Principal Place of Business Mailing Address
C/O NORMAN BELFER **C/O NORMAN BELFER**
120 SUNSET AVE. #3C **120 SUNSET AVE. #3C**
PALM BEACH, FL 33480 **PALM BEACH, FL 33480**

66015465



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

06052008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
11-2858532 Not Applicable

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

6. Name and Address of Current Registered Agent
BELFER, NORMAN C.
120 SUNSET AVENUE, #3C
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
 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: *[Signature]* DATE: **6/11/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | P BELFER, NORMAN C. 120 SUNSET AVE PALM BEACH, FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS EST OF ARTHUR BELFER ROBERT BELFER EXE 767 5TH AVE., 46TH FLOOR NEW YORK, NY | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *[Signature]* DATE: **6/11/08**

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

610015460
ATTACHMENT

J38678

PERLMAN & KOPEL
Certified Public Accountants
646 ANDERSON AVENUE
CLIFFSIDE PARK, N. J. 07010
TEL. (201) 943-9535
FAX. (201) 943-3042

RONALD KOPEL, CPA

5/29/01

Div of Corporations
PO Box 8800
Tallahassee FL 32314

Re Ans of Box 9 inc

Dear Sir:

We Apologize for not having filed Annual report. The bookkeeper quit -- we just found the card requiring filing by 5/1/01. The Corporation always filed on time.

Please send me the form so we can file the form.

Thank You

Yours Truly
Ronald Kopel CPA