## **FILED** 2007 FOR PROFIT CORPORATION Apr 04, 2007 08:00 Al Secretary of State ANNUAL REPORT **DOCUMENT # P94000023674** TWO PLUS TWO OF BOCA RATON, INC. Mailing Address Principal Place of Business 8263 W BROWARD BLVD 8263 W BROWARD BLVD PLANTATION, FL 33324 PLANTATION, FL 33324 03012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0474992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERNICE, PAT DO NOT WRITE 6374 NW 23RD ST SANTA BARBARA IN THIS SPACE BOCA RATON, FL 33434 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, 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **P\$TD** TITLE NAME PERNICE, PAT

U00000689004 04/11/07-80016-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exe	emptions contained in Chapter 119, Florida Statutes, I further certify that the information
indicated on this report or supplemental report is true and aggurate and that my signat	ture shall have the same legal effect as if made under oath; that I am an officer or director
	red by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
channed or on an attachment with an address with all otherlike empowered	, ,

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6374 NW 23RD STREET SANTA BARBARA

BOCA RATON, FL

Daytime Phone #