

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000088596

1. Entity Name
BOCA ACADEMY, INC.



Principal Place of Business
**22354 S.W. 57TH AVE.
BOCA RATON, FL 33433**

Mailing Address
**22354 S.W. 57TH AVE.
BOCA RATON, FL 33433**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0546514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ASTOR, LIONEL
22354 S.W. 57TH AVE.
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

UN00000202024
01/28/05-80090-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ASTOR, PATRICIA
STREET ADDRESS	22354 SW 57 AVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	ASTOR, LIONEL
STREET ADDRESS	22354 SW 57 AVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	MEINBERG, MARK
STREET ADDRESS	280 PLANDOME RD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	D
NAME	GUTTERMAN, MARK
STREET ADDRESS	280 PLANDOME RD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	D
NAME	FELDMAN, BURTON
STREET ADDRESS	280 PLANDOME RD
CITY-ST-ZIP	MANHASSET, NY 11030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIONEL ASTOR

1/24/05

Date

561-487-1230

Daytime Phone #