

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 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



01052006 No Chg-P CR2E034 (11/05)

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

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	

U00000395154  
 01/26/06-80039-012 150.00

**DO NOT WRITE IN THIS SPACE**

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: LIONEL ASTOR 1/17/06 561-487-1230

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