

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000088596 1. Entity Name BOCA ACADEMY, INC.	
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Principal Place of Business 22354 S.W. 57TH AVE. BOCA RATON, FL 33433	Mailing Address 22354 S.W. 57TH AVE. BOCA RATON, FL 33433
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01172007 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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000617765  
 02/08/07-80003-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOR, PATRICIA 22354 SW 57 AVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOR, LIONEL 22354 SW 57 AVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEINBERG, MARK 280 PLANDOME RD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTTERMAN, MARK 280 PLANDOME RD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BURTON 280 PLANDOME RD 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 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 1/19/07 561-487-1230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #