

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 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**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0546514

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 re-registering)

DATE _____

**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 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIONEL ASTOR

Date

Daytime Phone #

1/19/07 561-487-1230