


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000024701 1. Entity Name 5737 OKEECHOBEE BOULEVARD, INC.		
Principal Place of Business 166 HARVARD DRIVE LAKE WORTH FL 33460		Mailing Address 166 HARVARD DRIVE LAKE WORTH FL 33460
2. Principal Place of Business Suite, Apt. #, etc City & State Zip Country		3. Mailing Address Suite, Apt. #, etc City & State Zip Country
6. Name and Address of Current Registered Agent SPINELLI, PHILIP V 166 HARVARD DRIVE LAKE WORTH FL 33460		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 re-registering) DATE _____		



MOORE CR2E034 (11/03)

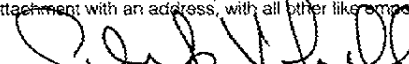
4. FEI Number **65-0652999** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SPINELLI, PHILIP V			NAME	U00000014716		
STREET ADDRESS	166 HARVARD DRIVE			STREET ADDRESS	01/27/04-80033-022 150.00		
CITY - ST - ZIP	LAKE WORTH FL 33460			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SPINELLI, PAUL B			NAME			
STREET ADDRESS	2275 SOUTH OCEAN BLVD			STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL 33480			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **PHILIP V. SPINELLI** Date: **1/23/04** Davina Phone #: **561-5822796**