2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 317568

1. Entity Name
BOCA COLOR GRAPHICS, INC.

Principal Place of Business	Mailing Address
139 N.W. 3RD ST BOCA RATON, FL 33432 US	139 N.W. 3RD ST BOCA RATON, FL 33432 US

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1166803
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASSARELLA, MICHAEL A
4495 BRANDYWINE DR.
BOCA RATON, FL 33487

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASSARELLA, MICHAEL A.
STREET ADDRESS	139 N.W. 3RD ST
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	MASSARELLA, GERALD M.
STREET ADDRESS	139 N.W. 3RD ST
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	MOLLICA, AMY E
STREET ADDRESS	139 N.W. 3RD STREET
CITY-ST-ZIP	BOCA RATON, FL
TITLE	T
NAME	MASSARELLA, EILEEN
STREET ADDRESS	139 NW 3RD ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/06/04-80001-013 150.00

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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: Eileen Massarella EILEEN MASSARELLA 7/1/04 561-391-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #