
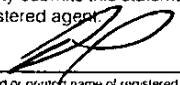


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90168 023 ***150.00

DOCUMENT # 570751 1. Entity Name BOCA LAGO REALTY, INC.			
Principal Place of Business 200 ADMIRALS COVE BLVD. JUPITER FL 33477		Mailing Address 200 ADMIRALS COVE BLVD. JUPITER FL 33477	
2. Principal Place of Business 3801 PEA BLVD.		3. Mailing Address 3801 PEA BLVD.	
Suite, Apt. #, etc. SUITE 107		Suite, Apt. #, etc. SUITE 107	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410	Country USA	Zip 33410	Country USA
6. Name and Address of Current Registered Agent HYMAN, SHERRY L 200 ADMIRALS COVE BLVD. JUPITER FL 33477		7. Name and Address of New Registered Agent Name SHERRY L. HYMAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 3801 PEA BLVD. SUITE 107 City PALM BEACH GARDENS FL Zip Code 33410	
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 2-2-06			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V <input type="checkbox"/> Delete NAME COHEN, ROY STREET ADDRESS 9039 VISTA DEL LAGO CITY-ST-ZIP BOCA RATON FL 33428	TITLE VPD <input type="checkbox"/> Delete NAME FRANKEL, BENJAMIN STREET ADDRESS 200 ADMIRALS COVE BLVD. CITY-ST-ZIP JUPITER FL	TITLE 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PALM BEACH GARDENS, FL 33410 STREET ADDRESS 3801 PEA BLVD. - SUITE 107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	TITLE 3801 PEA BLVD. - SUITE 107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PALM BEACH GARDENS, FL 33410 STREET ADDRESS 3801 PEA BLVD. - SUITE 107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP PALM BEACH GARDENS, FL 33410
TITLE PST <input type="checkbox"/> Delete NAME FRANKEL, THOMAS STREET ADDRESS 200 ADMIRALS COVE BLVD. CITY-ST-ZIP JUPITER FL	TITLE STD <input type="checkbox"/> Delete NAME FRANKEL, WILLIAM STREET ADDRESS 200 ADMIRALS COVE BLVD. CITY-ST-ZIP JUPITER FL 33477	TITLE 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PALM BEACH GARDENS, FL 33410 STREET ADDRESS 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	TITLE 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PALM BEACH GARDENS, FL 33410 STREET ADDRESS 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP PALM BEACH GARDENS, FL 33410
TITLE VPD <input type="checkbox"/> Delete NAME FRANKEL, BENJAMIN STREET ADDRESS 200 ADMIRALS COVE BLVD. CITY-ST-ZIP JUPITER FL	TITLE STD <input type="checkbox"/> Delete NAME FRANKEL, WILLIAM STREET ADDRESS 200 ADMIRALS COVE BLVD. CITY-ST-ZIP JUPITER FL 33477	TITLE 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PALM BEACH GARDENS, FL 33410 STREET ADDRESS 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	TITLE 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PALM BEACH GARDENS, FL 33410 STREET ADDRESS 3801 PEA BLVD. - SUITE 107 <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-2-06

Date

561-744-1033

Daytime Phone #