2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2007 08:00 AM **DOCUMENT # 585687 Secretary of State** BOCA REAL ESTATORS, INC. Principal Place of Business Mailing Address 37 SE 5TH ST #100 37 SE 5TH ST #100 BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (11/05) 02012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1848941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARRELL, HELENE M. DO NOT WRITE 37 SE 5TH ST #100 BOCA RATON, FL 33432 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent worksture required when reinstating) DATE 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **FARRELL, HELENE** U00000621218 STREET ADDRESS 37 SE 5 ST #100 02/12/07-80008-006,150.00 BOCA RATON, FL 33432 CITY-ST-ZIP TITLE DETWEILER, JOHN NAME STREET ADDRESS 37 SE 5 ST #100 CITY-ST-7IP BOCA RATON, FL 33432 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED