JAN 2 9 2064 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # 815097 1. Entity Name | | | | | Feb 03, 2004 08:00 AM Secretary of State | |
|---|--|--|-----------------------------------|--------------------------|---|-----|
| BOCA HOLDING CORPORATION | | | | | Secretary of State | |
| Principal Place | e of Business | Mailing Address | | | = | |
| 1680 N. FED BOCA RATO US | | 918 HERMANN RD. N. BRUNSWICK NJ 089 US | 902 | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc | | | MOORE CR2E034 (11/03) | |
| City & State | | City & State | | | 4. FEI Number 22-1708916 Applied For Not Applied | nle |
| Z _i p Country | | Zip Country | | у | 5. Certificate of Status Desired S8.75 Additional Fee Required | 310 |
| | 6. Name and Address of Current | Registered Agent | | ··· | 7. Name and Address of New Registered Agent | - |
| PINIZZOTTO, MARIANO | | | | Name | | |
| 258 | ENFIELD ST. CA RATON FL 33401 | | | Street Address (| s (P.O. Box Number is Not Acceptable) | |
| ВОС | A NATON I E 35401 | | | | | |
| | | | | 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 the obligations of registered agent. | | | | | | pt |
| SIGNATURE . | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE | E. Registered / | Agent signature required | red when coinstating) DATE | -; |
| F | ILE NOW!!! FEE IS \$150.00 | | | | | |
| Afte | r May 1, 2004 Fee will be \$550.00 Payable to Florida Department of | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | 3 |
| 10. | OFFICERS AND DIRECTORS 11. DP Delete III | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | ion |
| NAME STREET ADDRESS CITY-ST-ZIP | PINIZZOTTO, MARIANO 258 ENFIELD ST. BOCA RATON FL | NAM Stri | | FADDRESS ST-ZIP | U00000032251 02/04/04-80182-007 150.00 | 101 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MOLNAR, SANTA 918 HERMANN RD. N BRUNSWICK NJ | ☐ Delete | TITLE NAME STREET CITY-S | FADDRESS ST-ZIP | ☐ Change ☐ Addit | ion |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PINIZZOTTO, ANTHONY 918 HERMANN RD. N BRUNSWICK NJ | | | T ADDRESS ST-ZIP | ☐ Change ☐ Addit | ion |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY+S | r address GT-ZIP | ☐ Change ☐ Addit | ion |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | □ Delete | TITLE NAME STREET CITY-S | r address St-zip | ☐ Change ☐ Addit | ion |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | CITY-S | | ☐ Change ☐ Addit | |
| 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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: | | | | | | |
| SIGNATURE: An thony fin 1/2 of 1/6 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Priorie 1 | | | | | | |

FILED