

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90174 020 ***150.00

DOCUMENT # F02000001276

1. Entity Name
CSC BOCA GP CORP.



Principal Place of Business 250 AUSTRALIAN AVENUE SOUTH SUITE 1003 WEST PALM BEACH, FL 33401	Mailing Address 250 AUSTRALIAN AVENUE SOUTH SUITE 1003 WEST PALM BEACH, FL 33401
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111020	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHLESINGER, ADAM
 250 AUSTRALIAN AVENUE SOUTH
 SUITE 1003
 WEST PALM BEACH, FL 33401**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHLESINGER, ADAM 250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

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: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date _____ Daytime Phone # _____

Adam Schlesinger, Director