

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90225 046 ***150.00

DOCUMENT # F03000004782					
1. Entity Name BOCA JAVA, INC.					
Principal Place of Business 8535 BAYMEADOWS ROAD SUITE 52 JACKSONVILLE, FL 32256			Mailing Address 8535 BAYMEADOWS ROAD SUITE 52 JACKSONVILLE, FL 32256		
2. Principal Place of Business 730 SOUTH POWERLINE RD Suite, Apt. #, etc. D City & State DEERFIELD BEACH FL Zip 33442 Country US		3. Mailing Address 730 SOUTH POWERLINE RD Suite, Apt. #, etc. D City & State DEERFIELD BEACH FL Zip 33442 Country US			
04122006 Chg-P CR2E034 (11/05)		4. FEI Number 20-0200380		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRCEK, BRUCE K 8535 BAYMEADOWS ROAD SUITE 52 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ 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, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST FRCEK, BRUCE K 8535 BAYMEADOWS ROAD, SUITE 52 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT B GOERGEN ONE EAST WEAVER ST GREENWICH CT 06831	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRCEK, LYNN 8535 BAYMEADOWS ROAD, SUITE 52 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERT H BARTHAYS ONE EAST WEAVER ST GREENWICH CT 06831	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, BRUCE 4905 BELFORT ROAD, SUITE 110 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT B GOERGEN JR ONE EAST WEAVER ST GREENWICH CT 06831	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DOUG 4905 BELFORT ROAD, SUITE 110 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MICHAEL S NOVINS ONE EAST WEAVER ST GREENWICH CT 06831	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCE FRCEK 730 S POWERLINE RD DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I JANE CASEY ONE EAST WEAVER ST GREENWICH CT 06831	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/28/06 Daytime Phone # _____		