


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90021 043 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # G51540</b>                        |  |
| 1. Entity Name<br><b>STUART'S OF BOCA, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>C/O STUART ABRAMSON<br/>8177 GLADES ROAD, W BOCA PLACE, BAY #13<br/>BOCA RATON, FL 33434</b> | Mailing Address<br><b>C/O STUART ABRAMSON<br/>8177 GLADES ROAD, W BOCA PLACE, BAY #13<br/>BOCA RATON, FL 33434</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |


01302008 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2302209</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>   |
| <b>ABRAMSON, STUART<br/>8177 GLADES ROAD<br/>WEST BOCA PLACE, BAY #13<br/>BOCA RATON, FL 33434</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b>                               |
| Name <b>ABRAMSON, STUART</b>   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>2161 DATE PALM ROAD</b> |
| City <b>BOCA RATON</b> FL Zip Code <b>33432</b>                                  |

|   |                        |               |
|---|------------------------|---------------|
| 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    | <b>STUART ABRAMSON</b> | <b>2/5/08</b> |
| <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                        |               |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ABRAMSON, STUART<br>8177 W GLADES RD #13<br>BOCA RATON, FL 33434 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>ABRAMSON, STUART<br>2161 DATE PALM ROAD<br>BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DS<br>ABRAMSON, CHERYL<br>2161 DATE PALM ROAD<br>BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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.

|   |                                     |
|---|-------------------------------------|
| <b>SIGNATURE:</b>  | <b>2/5/08 5614875454</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date Daytime Phone #</small> |