



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # H96571 1. Entity Name MICHAEL ROBERT OF BOCA RATON, INC.																																			
Principal Place of Business 933 TROPIC BLVD DELRAY BEACH FL 33483 US		Mailing Address 933 TROPIC BLVD DELRAY BEACH FL 33483 US																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																	
		 1st MOORE CR2E034 (10/04)																																	
		4. FEI Number 59-2634289	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 CASEY, MICHAEL R. 933 TROPIC BLVD. DELRAY BEACH FL 33483		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		DATE																																	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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																																	
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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered																																			
SIGNATURE		Date																																	
Signature and typed or printed name of signing officer or director MICHAEL ROBERT OF BOCA RATON, INC.		Date 24th APRIL 2005																																	
		Devine Prose # 274-0181																																	