
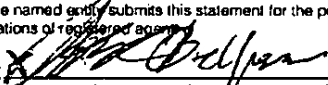


2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/

FILED
Jul 21, 2008 8:00 am
Secretary of State

06-23-2008 90004 001 ***150.00

DOCUMENT # J38678			
1. Entity Name ANB OF BOCA NO. 4, INC.			
Principal Place of Business C/O NORMAN BELFER 120 SUNSET AVE. #3C PALM BEACH, FL 33480		Mailing Address C/O NORMAN BELFER 120 SUNSET AVE. #3C PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 11-2858532		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELFER, NORMAN C. 120 SUNSET AVENUE, #3C PALM BEACH, FL 33480		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 		6/11/08 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELFER, NORMAN C. 120 SUNSET AVE PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EST OF ARTHUR BELFER ROBERT BELFER EXE 767 5TH AVE., 46TH FLOOR NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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 		6/11/08 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

66015465



06052008 Chg-P CR2E034 (12/06)

PERLMAN & KOPEL
Certified Public Accountants
646 ANDERSON AVENUE
CLIFFSIDE PARK, N. J. 07010

TEL. (201) 943-9535
FAX. (201) 943-3042

1610015463
ATTACHMENT

J38678

RONALD KOPEL, CPA

5/29/01

Div of Corporations
P.O. Box 8800

Re Ans of Boca 9 Inc

Tallahassee FL 32314

Dear Sir:

We Apologize for not having filed Annual
report. The bookkeeper quit -- we just found the Card
requiring filing by 5/1/01. The Corporation always filed
on time.

Please send me the form so we can
file the form.

Thank You

Yours Truly
Ronald Kopel CPA