

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90163 031 \*\*\*158.75

<b>DOCUMENT # K42586</b> 1. Entity Name <b>BOCA FLYERS THREE, INC.</b>					
Principal Place of Business <b>9100 RED OAK LANE BOCA RATON, FL 33428</b>			Mailing Address <b>9100 RED OAK LANE BOCA RATON, FL 33428</b>		
<i>(NOT IN BUSINESS - IN DOMESTIC ITEM ONLY)</i>					
2. Principal Place of Business <b>2300 CORPORATE BLVD. N.W.</b> Suite, Apt. #, etc. <b>232</b>			3. Mailing Address <b>2300 CORPORATE BLVD. N.W.</b> Suite, Apt. #, etc. <b>232</b>		
City & State <b>BOCA RATON, FLORIDA</b>		City & State <b>BOCA RATON, FLORIDA</b>		4. FEI Number <b>65-0082377</b>	
Zip <b>33431</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BECK, LOUIS S 5269 PRINCETON WAY BOCA RATON, FL 33496</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAEF, JEFF (PRESIDENT)</b> <b>5269 PRINCETON WAY</b> <b>BOCA RATON, FL 33496</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECK, LOUIS S</b> <b>5269 PRINCETON WAY</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANAKAS, CHRIS</b> <b>9100 RED OAK LANE</b> <b>BOCA RATON, FL</b>	<input checked="" type="checkbox"/> Delete <i>Delete this person from ALL Records</i>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JERRY ABEL</b> <b>6021 N.W. 83RD. TERRACE</b> <b>PARKLAND, FL 33067</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL SINGER</b> <b>801 PERIWINKLE STREET</b> <b>BOCA RATON, FL 33486</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 fee empowered.					
<b>SIGNATURE: X</b> <i>[Signature]</i> <b>JEFF GRAEF (President)</b> <b>3/6/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50024670**



02272005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable