## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K53410

Name:

Address:

City-St-Zip:

KENNEY, ROBERT J

**68 ALBANY STREET** 

WORCESTER, MA 01608

FILED Jan 07, 2006 Secretary of State

Entity Nar	me: BOSTON	'S ON THE BEACH, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
40 S. OCE DELRAY B	AN BLVD. BEACH, FL 33	4833945			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
40 S. OCE DELRAY B	AN BLVD. BEACH, FL 33	4833945			
FEI Number:	: 65-0089016	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BRIGHT, J. REEVE 29 NE 4TH AVE DELRAY BCH, FL 33483 US			BRIGHT, J. REEVE 135 SE 5TH AVENUE 2ND FLOOR DELRAY BCH, FL 334	135 SE 5TH AVENUE	
The above in the State	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/07/2006	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TS ( DONFRANCISO 40 S. OCEAN E DELRAY BEAC	BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP ( DONFRANCISO 40 S. OCEAN E DELRAY BEAC	BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	DP (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER DONFRANCISCO Ρ 01/07/2006