


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90002 009 \*\*\*150.00

<b>DOCUMENT # K55858</b>	
1. Entity Name <b>BOCA BEARING COMPANY</b>	

Principal Place of Business <b>BOCA BEARING 755 NW 17TH AVE. STE.107 DELRAY BEACH, FL 33445</b>	Mailing Address <del>1500 SW 30 STREET SUITE 3 BOYNTON BEACH, FL 33426</del> <b>785 NW 17th Ave #107 DELRAY BEACH, FL 33445</b>
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3. Mailing Address		Suite, Apt. #, etc	01242006	Chg-P	CR2E034 (11/05)
City & State	City & State	4. FEI Number	Applied For		
Zip	Country	5. Certificate of Status Desired	Not Applicable		
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GLANTZ, RONALD P. 7951 S.W. SIXTH STREET, SUITE 200 PLANTATION, FL 33324		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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUM, ALLEN R.		NAME		
STREET ADDRESS	<del>1500 SW 30 STREET, SUITE 3</del> <b>755 NW 17TH AVE #107</b>		STREET ADDRESS		
CITY-ST-ZIP	<del>BOYNTON BEACH, FL 33426</del> <b>DELRAY BEACH, FL 33445</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUDINSKY, SYVIA J		NAME		
STREET ADDRESS	<del>1500 SW 30 STREET SUITE 3</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>BOYNTON BEACH, FL 33426</del>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Allen R. Baum 1-31-06 561-998-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #