


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90044 011 ***150.00

DOCUMENT # K55858

1. Entity Name
BOCA BEARING COMPANY



Principal Place of Business 1500 SW 30 STREET SUITE 3 BOYNTON BEACH, FL 33426	Mailing Address 7555 NW 17TH AVE #107 DELRAY BEACH, FL 33445
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2. Principal Place of Business - No P.O. Box # 755 NW 17th Ave Suite, Apt. #, etc. #107	3. Mailing Address 755 NW 17th Ave Suite, Apt. #, etc. #107
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City & State DeLray Beach, FL	City & State DeLray Beach, FL	4. FEI Number 65-0092821	Applied For <input type="checkbox"/> Not Applicable
Zip 33445	Country USA	Zip 33445	Country USA



02032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**GLANTZ, RONALD P.
 7951 S.W. SIXTH STREET, SUITE 200
 PLANTATION, FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, ALLEN R. 755 NW 17TH AVE., #107 DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUDINSKY, SYVIA J 1500 SW 30 STREET SUITE 3 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	755 NW 17th Ave #107 Boynton Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Allen R. Baum* **ALLEN R. BAUM**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-07 561998-0004
 Date Daytime Phone #