


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90148 014 \*\*\*150.00

<b>DOCUMENT # K85644</b> 1. Entity Name <b>BOCA AIR CHARTERS, INC.</b>					
Principal Place of Business <b>3700 AIRPORT RD. BOCA RATON, FL 33431 US</b>			Mailing Address <b>1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2255 Glades Rd.</b>  Suite, Apt. #, etc. <b>Suite 321A</b>			
City & State		City & State <b>Boca Raton, Fl</b>		4. FEI Number <b>65-0133517</b>	
Zip <b>33431</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRESLOW, RICHARD H 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name <b>Breslow, Richard H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2255 Glades Rd.</b> <b>Suite 321A</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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 <u><i>Richard H. Breslow</i></u> <b>RICHARD H. BRESLOW</b> <span style="float: right;">3-18-05</span> <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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FAREN, MICHAEL 3700 AIRPORT ROAD BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Faren, Michael 2255 Glades Rd. Suite 321A Boca Raton, Fl 33431
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANTSHOUSE, MARK 3900 AIRPORT ROAD BOCA RATON, FL 33431	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wantshouse, Mark 3700 Airport Rd. Boca Raton, Fl, 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wantshouse, Mark 3700 Airport Rd. Boca Raton, Fl, 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wantshouse, Mark 3700 Airport Rd. Boca Raton, Fl, 33431	<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 like empowered.					
SIGNATURE: <u><i>Michael Faren</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>MICHAEL FAREN, CFO</b> <span style="float: right;">3-18-05 561-416-0142</span> <small>Date Daytime Phone #</small>		

20029487



03182005 Chg-P CR2E034 (10/03)