


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # K85644 1. Entity Name BOCA AIR CHARTERS, INC.	
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Principal Place of Business 3700 AIRPORT RD. BOCA RATON, FL 33431 US	Mailing Address 2255 GLADES RD STE 321A BOCA RATON, FL 33431 US
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0133517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRESLOW, RICHARD H 2255 GLADES RD STE 321A BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	CFO FAREN, MICHAEL 2255 GLADES RD STE 321A BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANTSHOUSE, MARK 3700 AIRPORT ROAD BOCA RATON, FL 33431
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05/06/06-80069-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL FAREN

4-24-06

561-347-8585

Date

Daytime Phone #