2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L30844

1. Entity Name BOCA YACHTS, INC.



Principal Place of Business

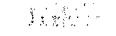
%BOB REICH

2450 N. POWERLINE RD., STE. 1 POMPANO BEACH, FL 33069 Mailing Address

%BOB REICH 2450 N. POWERLINE RD., STE. 1 POMPANO BEACH, FL 33069

FILED Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90057 038 ***150.00





03102005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0163913 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of	Current Rea	istered Agent

REICH, BOB 2450 N. POWERLINE ROAD SUITE 1

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FOMIFAI40 BEACH, FL 33009		IN THIS STAGE			
8. The above the obligation of the street st	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title				th, in the State of Florida. I am familiar with, and accept
<u> </u>	signature, typed of printed name of registered agent and title	I applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	DVP REICH, BOB 2450 N. POWERLINE RD. POMPANO BEACH, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 trusfee 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

1/11/05 554 960 034