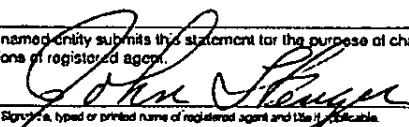
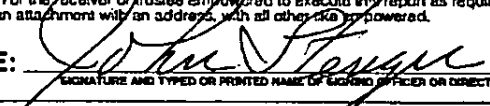


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/11

FILED
Feb 14, 2005 8:00 am
Secretary of State

01-12-2005 90016 026 ***150.00

DOCUMENT # L46902					
1. Entity Name BOCA ARROYO, INC.					
Principal Place of Business 3939 N OCEAN BLVD APT 413 FT LAUDERDALE, FL 33307			Mailing Address 40 INDEPENDENCE CT JACKSON, NJ 08527 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3095416	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OAKS, DAVID K ESQ 407 E MARION AVE 101 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name: 3939 N OCEAN BLVD St: FL City: FT LAUDERDALE Zip Code: 33307	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD STENGER, JOHN J. 40 INDEPENDENCE CT JACKSON, NJ 08527	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 data empowered.					
SIGNATURE:  Date: 1/5/05 732-367-8164					