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Feb 14, 2005 8:00 am
Secretary of State
01-12-2005 90016 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/12

DOCUMENT # L46902

1. Entity Name
BOCA ARROYO, INC.

00001070

Principal Place of Business	Mailing Address
3939 N OCEAN BLVD APT 413 FT LAUDERDALE, FL 33307	40 INDEPENDENCE CT JACKSON, NJ 08527 US

01042005 Chg-P CR2E034 (10/03)

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: John Stenger
Street: 3939 N Ocean Blvd
~~40 Independence Ct~~
~~Jackson, NJ 08527-2236~~
City: Ft Lauderdale FL 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: John Stenger DATE: 1/5/05
Signature, typed or printed name of registered agent and title if applicable. (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 like empowered.

SIGNATURE: John Stenger Date: 1/5/05 Daytime Phone #: 732-367-8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR