

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # L98544**

1. Entity Name  
V.F. BOCA ONE, INC.



Principal Place of Business  
BROAD & CASSEL  
7777 GLADES RD.  
BOCA RATON, FL 33434

Mailing Address  
BROAD & CASSEL  
7777 GLADES RD.  
BOCA RATON, FL 33434

FILED

05 MAR 30 14:10:58

SECRET  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

01102005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0218274

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEUTCH, JEFFREY A. E  
7777 GLADES RD, SUITE 300  
SUITE 300  
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMERANTZ, ALICE 8600 DECARIE BLVD STE 200 TOWN OF MOUNT ROYAL, QC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GATTINGER, FRANKLIN 8600 DECARIE BLVD STE 200 MOUNT ROYAL, QC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL JR 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA,	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POMERANTZ, TERRY 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POMERANTZ, TERRY 8600 DECARIE BLVD #200 MT ROYAL, QC, CANADA,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

800051615368  
04/22/05--01008--003 \*\*5000.00

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:

*Terry Pomerantz*

Terry Pomerantz

March 21st, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #