



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M50263</b> 1. Entity Name PALM BEACH ELEVATOR OF BOCA RATON, INC.		
Principal Place of Business 4501 OAK CIRCLE BOCA RATON, FL 33431	Mailing Address 4501 OAK CIRCLE BOCA RATON, FL 33431	
<b>DO NOT WRITE IN THIS SPACE</b>		 01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2798732 Applied For Not Applicable
6. Name and Address of Current Registered Agent CURY, WILLIAM 2198 ISABEL RD OESTE 131C BOCA RATON, FL 33486		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  000000483533 04/12/06-80003-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CURY, WILLIAM 2198 ISABEL RD OESTE BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SVERCHEK, ROBERT 959 GARDENIA DR DELRAY BEACH, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 stated 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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if so, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06. 561-750-1919  
Date Daytime Phone #