## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 17, 2005 8:00 am DOCUMENT # N03000004752 **Secretary of State** 1. Entity Name 03-17-2005 90015 003 \*\*\*\*70 00 BOCA SHARKS, INC. Mailing Address Principal Place of Business 721 SW 15TH ST. BOCA RATON FL 33486 721 SW 15TH ST. **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address 106 HANCOCK Bri Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For \_O MA! 14-1885314 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Regutred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME LARDANI, EVA 721 SW 15 ST **BOCA RATON FL 33486** anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, 8. The above named entity submits this statement purpose of c the obligations of red agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. LARDANI VICTOR ☐ Addition TITLE ☐ Delete TITLE LARDANI, VICTOR NAME 106 HANCOCK Bridge PKWY 721 SW 15TH ST. STREET ADDRESS STREET ADDRESS CAPE CORAL **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-7IP I ACDANÍ EVA TITLE ☐ Addition TITLE ☐ Delete 100 HANCOCK Bridge PKWY LARDANI, EVA MARIE NAME NAME 721 SW 15TH ST. STREET ADDRESS STREET ADDRESS Cape Coral **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP WARDAWI VICTOR JT Delete -TITLE -TITLE 106 Hancock Bridge PKWY LARDANI, VICTOR R JR. NAME 721 SW 15TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppliered at 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with altrother like empowered.

OFFICER OR DIRECTOR

**FILED**