2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003985

Entity Name: THE TASTE OF BOCA RATON, INC.

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
269 NE 14	NE BARTON STUDY CENTER TH STREET TON, FL 33432		
Current Mailing Address:		New Mailing Address:	
269 NE 147	NE BARTON STUDY CENTER I'H STREET TON, FL 33432		
FEI Number:	FEI Number Applied For ()	FEI Number Not Appl	icable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	WAYNE TH STREET ON, FL 33432 US		
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.			
SIGNATUR	RE:		
	Electronic Signature of Registered Agent	t	Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	CEO () Delete BARTON, WAYNE 269 NE 14TH STREET BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	V () Delete BIAGIOTTI, MICHAEL 269 NE 14TH STREET BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BEARDEN, JAMES 2851 S. OCEAN BLVD. BOCA RATON, FL 33432
Title: Name: Address: City-St-Zip:	S (X) Delete BONITATIBUS, PETER 269 NE 14TH STREET BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	T () Delete CAMPBELL, ANGEL 269 NE 14TH STREET BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete BENES, EDGAR 269 NE 14TH STREET BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BENES, EDGAR 17554 WAGON WHEEL DRIVE BOCA RATON, FL 33432
Title: Name: Address: City-St-Zip:	D () Delete OXENDINE, HAZEL 269 NE 14TH STREET BOCA RATON, FL 33432	Title: Name: Address: Citv-St-Zip:	D (X) Change () Addition OXENDINE, HAZEL 940 SWEETWATER LANE BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE BARTON D 01/07/2005