2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006790

1. Entity Name
BOCA STARZ, INC.

Principal Place of Business	Mailing Address
2701 W OAKLAND PARK BLVD - STE 100 FT LAUDERDALE, FL 33311	2701 W OAKLAND PARK BLVD - STE 100 FT LAUDERDALE, FL 33311

01042007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
42-1637836
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RETAMAR, RICHARD E ESQ
RETAMAR LAW FIRM, P.A.
823 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLOOTSKY, STEVEN
STREET ADDRESS	2701 W OAKLAND PARK BLVD - STE 100
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	VPD
NAME	LIBERTY, PHIL
STREET ADDRESS	21000 BOCA RIO RD - STE C1
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	JACOBS, PAUL
STREET ADDRESS	1098 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TD
NAME	RETAMAR, RICHARD E
STREET ADDRESS	823 E HILLSBORO BLVD
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80091-007 61.25

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12. 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 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 617, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR