ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N04000006790

1. Entity Name

BOCA STARZ, INC.



FILED Jan 10, 2008 08:00 AN Secretary of State

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



01032008 No Chg-NP

CR2E037 (4/06)

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.

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	LSBORO BLVD LD BEACH, FL 33441	ľ			NTHIS	SPACE		
8. The above the obligat	named entity submits this statement for the pulions of registered agent.	rpose of changing its registere	ed office or	registered agent	, or both, in the S	State of Florida I am	amiliar with, and a	accept
SIGNATURE.		·	· ·		-	· •		
	(Signature, typed or printed name of registered agent and little if a	applicable (NOTE: Registered	l Agent signatui	re required when reinsta	ating)	DATE		
h 	Filing Fee Is \$61.25 Due by May 1, 2008	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Added to Fee	Be U000 s (1/10/	000778134 08-80036-009	81.25	
10.	OFFICERS AND DIRECT	ORS			<u> અનુસૂન્યકાર કે કેટ</u>	TO ATT LEGISTER	Harris I a service	N. 18 1
TITLE Name Street address City-St-Zip	PD SLOOTSKY, STEVEN 2701 W OAKLAND PARK BLVD - STE FT LAUDERDALE, FL 33311							
TITLE NAME Street address City-St-Zip	VPD LIBERTY, PHIL 21000 BOCA RIO RD - STE C1 BOCA RATON, FL 33433						A Company of the Comp	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, PAUL 1098 NW BOCA RATON BLVD BOCA RATON, FL 33432				ON O	T WRITI		
TITLE Name Street address City-St-Zip	TD RETAMAR, RICHARD E 823 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441				NTHIS	SSPACE		
TITLE NAME STREET ADDRESS								

12. Thereby 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 supplierpental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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.

TITLE NAME ---STREET ADDRESS CITY-SI-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR