


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 007 \*\*\*\*61.25

<b>DOCUMENT # N06000009419</b> 1. Entity Name <b>BOCA RATON TAX INSTITUTE, INC.</b>					
Principal Place of Business <b>C/O DASZKEL BOLTON, LLP 2401 N.W. BOCA RATON BLVD BOCA RATON FL 33431</b>			Mailing Address <b>C/O DASZKEL BOLTON, LLP 2401 N.W. BOCA RATON BLVD BOCA RATON FL 33431</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o MBAF - 225 NE Mizner Blvd.</b>		3. Mailing Address <b>c/o MBAF - 225 NE Mizner Blvd.</b>			
Suite, Apt. #, etc. <b>685</b>		Suite, Apt. #, etc. <b>685</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>			
Zip <b>33432</b>		Country <b>USA</b>		4. FEI Number <b>20-5581710</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MANN &amp; WOLF, LLP 55 N.E. 5TH AVE. SUITE 500 BOCA RATON FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW. FEE IS \$61.25</b> <b>Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HORWIN, MARJORIE 2401 NW BOCA RATON BLVD. BOCA RATON FL 33436</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P Arken, Robert M. Esq. 110 E. Atlantic Ave., 330 Delray Beach, FL 33444</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V ARLEN, ROBERT M ESQ. 110 E. ATLANTIC AVE., 330 DELRAY BEACH FL 33444</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Wolf, Robert M. Esq. 55 NE 5th Ave., 500 Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WOLF, ROBERT M ESQ. 55 NE 5TH AVE., 500 BOCA RATON FL 33432</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/T Horwin, Marjorie 225 NE Mizner Blvd., 685 Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T KATZMAN, DAVID A CPA 1900 NW CORPORATE BLVD., 300 E BOCA RATON FL 33431</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>3/26/08</b></span>					