


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N25868
 1. Entity Name
 BOCA RATON ROUNDTABLE, INC.



Principal Place of Business P.O. BOX 3326 BOCA RATON, FL 33427-3326	Mailing Address P.O. BOX 3326 BOCA RATON, FL 33427-3326
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DO NOT WRITE IN THIS SPACE



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0045868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HRAWG CORP
 1801 N MILITARY TRAIL
 SUITE 200
 BOCA RATON, FL 33431

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

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EPSTEIN, BARRY 11922 WATERWOOD DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOICE, YVONNE 6006 SW 18TH ST B-8 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, RICHARD 5255 N FEDERAL HWY BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* **7/24/06** **561-2423400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #