

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 05, 2009**  
**Secretary of State**

DOCUMENT# N99000000953

**Entity Name:** BOCA RATON JUNIORS, INC.**Current Principal Place of Business:**4430 BANYAN TRAILS DR.  
COCONUT CREEK, FL 33073**New Principal Place of Business:****Current Mailing Address:**4430 BANYAN TRAILS DR.  
COCONUT CREEK, FL 33073**New Mailing Address:****FEI Number:** 65-0900670**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GILLI, CHERRIELYNN  
4430 BANYAN TRAILS DRIVE  
COCONUT CREEK, FL 33073 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** SERRATO, MARCELLO  
**Address:** 4250 ST CHARLES WAY  
**City-St-Zip:** BOCA RATON, FL 33434**Title:** VD ( ) Delete  
**Name:** OLISCHAR, HEINRICH  
**Address:** 20837 DEL LUNA DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433**Title:** TSD ( ) Delete  
**Name:** GILLI, CHERRIELYNN  
**Address:** 4430 BANYAN TRAILS DRIVE  
**City-St-Zip:** COCONUT CREEK, FL 33073**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** OLISCHAR, HEINRICH  
**Address:** 20837 DEL LUNA DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433 US**Title:** D (X) Change ( ) Addition  
**Name:** OLISCHAR, KLAUDIA  
**Address:** 20837 DEL LUNA DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433 US**Title:** TSD (X) Change ( ) Addition  
**Name:** GILLI, CHERRIELYNN  
**Address:** 4430 BANYAN TRAILS DRIVE  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHERRIELYNN GILLI

TSD

05/05/2009

Electronic Signature of Signing Officer or Director

Date