

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 12, 2005 8:00 am
Secretary of State

08-16-2005 90039 006 ***150.00
09-12-2005 90002 011 ***400.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P00000046186 1. Entity Name BOCA LECHE, INC.					
Principal Place of Business 1501 N.E. 6TH STREET FT. LAUDERDALE FL 33304			Mailing Address 1501 N.E. 6TH STREET FT. LAUDERDALE FL 33304		
2. Principal Place of Business 1501 NE 6TH Street		3. Mailing Address 1501 NE 6TH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT. Lauderdale FL		City & State FT. Lauderdale FL		4. FEI Number 65-1124140 Applied For <input type="checkbox"/> Not Applicable	
Zip 33304	Country USA	Zip 33304	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ROBIN C 1501 N.E. 6TH STREET FT. LAUDERDALE FL 33304				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;"> FL Zip Code </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 <u><i>Robin Moore</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MOORE, ROBIN 1501 N E 6TH STREET FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u><i>Robin Moore</i></u> 8-9-5 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					