

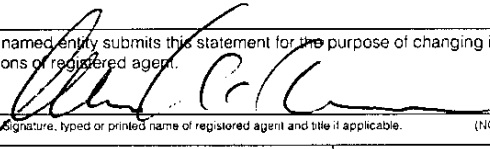
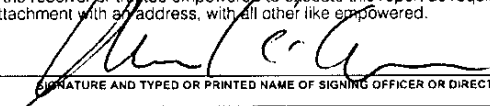


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90023 021 \*\*\*150.00

<b>DOCUMENT # P00000080278</b> 1. Entity Name <b>BOCATECH, INC.</b>					
Principal Place of Business <b>1200 CLINT MOORE RD SUITE #11 BOCA RATON, FL 33487</b>			Mailing Address <b>1200 CLINT MOORE RD SUITE #11 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>6555 No. Powerline RD</b> Suite, Apt. #, etc. <b>SUITE 311</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33309</b> Country <b>USA</b>		3. Mailing Address <b>6555 No. Powerline RD.</b> Suite, Apt. #, etc. <b>SUITE 311</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33309</b> Country <b>USA</b>			
04142008 Chg-P CR2E034 (12/06)				4. FEI Number <b>65-1043291</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROTHMAN, LEE MAX 2295 CORPORATE BLVD NW SUITE 134 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <b>4/14/08</b> <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 \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ACKERMAN, ABRAM 1200 CLINT MOORE RD #11 BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6555 NO. POWERLINE RD. Suite 311 Fort Lauderdale FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACKERMAN, CYNTHIA 1200 CLINT MOORE RD #11 BOCA RATON, FL 33487	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6555 No. Powerline RD. Suite 311 Fort Lauderdale, FL 33309</b>
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	
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 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 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:  <b>Abram Ackerman</b> Date <b>4/14/08</b> Daytime Phone # <b>561-241-2700</b> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					