


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90036 012 ***150.00

DOCUMENT # P00000089354 1. Entity Name BOCA FINANCE CORPORATION					
Principal Place of Business 601 S. FEDERAL HWY. STE 150 BOCA RATON, FL 33432			Mailing Address 601 S. FEDERAL HWY. STE 150 BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1054058	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POWERS, SEAN 1527 S.W. 1ST AVE BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
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	TSD POWERS, SEAN 1527 S.W. 1ST AVE BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, SANDRA 2848 NE 32ND ST. LIGHTHOUSE PT., FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, SANDRA 1760 SW 2ND AVE BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRONCONE, ANNA-DEA 4817 SPRINGTREE DR ARLINGTON, TN 38002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRONCONE, ANNA-DEA 471 NW 72ND ST. BOCA RATON, FL 33487		Change Addition		
Change Addition			Change Addition		
Change Addition			Change Addition		
Change Addition			Change Addition		
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>SEAN POWERS</u> 3/9/04 (561) 416-4595 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					