2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2005 8:00 am Secretary of State

DOCUMENT # P00000104997 1. Enlity Name BISTRO BOCA, INC.						02-24-2005 9	90044 028 ***1	50.00
Principal Place of Business Mailing Address 3011 YAMATO ROAD MARTIN KARTAGENER							50018	1723
STE A-19 7001 E CYPRESSHEAD DI BOCA RATON, FL 33434 PARKLAND, FL 33067			DRIVE			8 81111 - 8 8 1111 - 8 8111 - 8 8111		
2. Principal Place of Business MARTAGENER 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.					02122005	Chg-P	CR2E034 (10/03	3)
7001 E Cyresshed Drue, Parkhal Pry & State				,	4. FEI Numbe 65-1053		}— +-	Applied For Not Applicable
<u> 3306</u>	7 Country 1	Zip	Count	try		of Status Desired	See Requi	
LEVINE, JEFFREY A					Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable)			
				TO TE CYPICS NEAD DITY				
•				City 🖓 🗸	17K/And		FL 35	3067
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered spent and title if applicable. (NOTE: Registered Agent signature regarded when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	
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CITY-ST-ZIP				-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	KARTAGENER, MARTIN 7001 E CYPRESSHEAD DRIVE						☐ Chango	e ☐ Addition
TITLE NAME STREET ADDRESS	Delete T					-	☐ Change	e Addition
CITY-ST-ZIP TITLE		☐ Delete	CITY	-ST-ZIP			Changi	e 🔲 Addition
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STREET ADDRESS CITY-ST-ZIP	4		STRE	ET ADDRESS - ST- ZIP				
12. I hereby certify that the information supplied vity his 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 supplied entry in an 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: SIGNATURE AND TYPED OR PRINTED WARME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE PROPER DATE DATE DATE DATE DATE DATE DATE DATE								