


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State


DOCUMENT # P01000038090

1. Entity Name
BOCA DEVELOPMENT & CONSTRUCTION CORPORATION



Principal Place of Business 3500 NORTHWEST BOCA RATON BOULEVARD SUITE 708 BOCA RATON, FL 33431	Mailing Address 3500 NORTHWEST BOCA RATON BOULEVARD SUITE 708 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

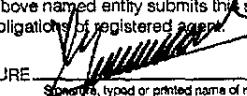
4. FEI Number 65-1095377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**YEMENICILER, ALI N MR
 3500 NW BOCA RATON BLVD
 708
 BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May/1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

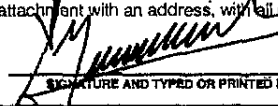
WORD00217744
 02/07/05-80038-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TUMAY, HIKMET T 3500 NORTHWEST BOCA RATON BOULEVARD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD YEMENICILER, ALI N 3500 NORTHWEST BOCA RATON BOULEVARD BOCA RATON, FL 33431
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #