



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90051 019 ***163.75

DOCUMENT # P01000043225 1. Entity Name WEST BOCA LADY, INC.																													
Principal Place of Business 23182 SANDALFOOT PLAZA DR BOCA RATON, FL 33428			Mailing Address 2400 ACORN PALM RD. BOCA RATON, FL 33432																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 31-1775560 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
Applied For <input type="checkbox"/> Not Applicable		01092004 Chg-P CR2E034 (10/03)																											
6. Name and Address of Current Registered Agent WILLIAMS, THOMAS S 2400 ACORN PALM RD. BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name WILLIAMS, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 2400 ACORN PALM ROAD City BOCA RATON FL Zip Code 33432																										
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 <i>Thomas S. Williams PS</i> (NOTE: Registered Agent signature required when reinstating) DATE 1-13-04																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees																											
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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)(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: <i>Thomas S. Williams</i> 1/13/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													