

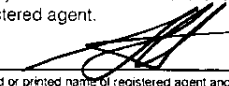
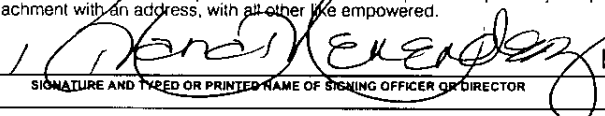


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90226 023 ***158.75

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P01000073723 1. Entity Name BOYNTON BEACH X CORPORATION | | | |  | |
| Principal Place of Business 230 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | Mailing Address 230 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 04142008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 65-1124367 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRANT, MARK F 200 E BROWARD BLVD 15 FL FT LAUDERDALE, FL 33301 | | | 7. Name and Address of New Registered Agent Name Steven M. Helfman, Esq. Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, Suite 230 City Sunrise FL Zip Code 33323 | | |
| 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  4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | PD <input type="checkbox"/> Delete EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS <input type="checkbox"/> Delete FANT, ALAN J 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete CORBAN, PAUL 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT <input type="checkbox"/> Delete MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY STE 300 SUNRISE, FL 33323 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Steven M. Helfman 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 | |
| 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:  | | | N. MARIA MENENDEZ, VICE PRESIDENT 4/29/08 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small> | | |

954-753-1730