Jun 21 05 02:27p DePrisco Jewelers

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Jul 20, 2005 8:00 am
Secretary of State

05-02-2005 90503 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000102662

1. Entity Name
BOSTON APPRAISAL BUREAU, INC.

Principal Place of Business	Mailing Address
1800 S OCEAN BLVD BOCA RATON, FL 33432	C/O DEIRDRE DEPRISCO PO BOX 960027 BOSTON, MA 02196-0027 US

66024857

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 25-1920728 ~~APPLIED FOR~~ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID, JOHN T ESQUIRE
408 S ANDREWS AVE STE 202
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEPRISCO, DEIRDRE		NAME		
STREET ADDRESS	1800 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Deirdre DePrisco 4/28/05 617-227-9009
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

ATTACHMENT

Veronica

66024857

#P01000102662

25-1920788

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Boston Appraisal Bureau, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Deirdre DePrisco

4a Mailing address (room, apt., suite no. and street, or P.O. box)
P.O. Box 960027

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Boston, MA 02196-0027

5b City, state, and ZIP code

6 County and state where principal business is located
Palm Beach County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Deirdre DePrisco

7b SSN, ITIN, or EIN
011-56-1934

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ Sub S
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ Jewelry Appraisal
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
October 22, 2001

11 Closing month of accounting year
December 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶ — Agricultural: — Household: — Other: 0

14 Check one box that best describes the principal activity of your business.

- ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☒ Retail
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Jewelry Appraisal

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) — City and state where filed — Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: John T. David, Esquire — Designee's telephone number (include area code): (954)523-1755

Address and ZIP code: 10 S. New River Drive, East Suite 202, Fort Lauderdale, Florida 33301 — Designee's fax number (include area code): (954)523-7730

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. — Applicant's telephone number (include area code): ( )

Name and title (type or print clearly) ▶ Deirdre DePrisco — Applicant's fax number (include area code): ( )

Signature ▶ [signature] Date ▶ 7-7-05

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001)

ATTACHMENT

GENERAL TRIAL PRACTICE
ADMIRALTY

LAW OFFICES
OF
JOHN T. DAVID, P.A.
10 SOUTH NEW RIVER DRIVE, EAST
SUITE 202
FORT LAUDERDALE, FLORIDA 33301

(954) 523-1755
FAX # (954) 523-7730

CRIMINAL LAW
ENVIRONMENTAL LAW

REPLY TO:
☐ P.O. BOX 608
FT. LAUDERDALE, FL
33302

July 12, 2005

Certified Mail R.R. 7002 0860 0002 1987 0822

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Boston ~~Appraisal Bureau~~, Inc.
Ref. #P01000102662
Dear Sir or Madam:

In furtherance of your letter dated May 17, 2005, enclosed herewith please find a copy the Amended Annual Report of Boston Appraisal Bureau, Inc. The report has been amended to include the Employer Identification Number recently issued by the Internal Revenue Service. I have also enclosed a copy of the completed SS-4 application.

If this office could be of any further assistance we respectfully remain at your disposal.

Very truly yours,

JOHN T. DAVID, ESQUIRE

JTD/vm
Encl.