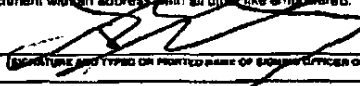


FILED
Apr 19, 2004 8:00 am
Secretary of State

03-19-2004 90034 035 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

3/19

DOCUMENT # P02000004511			
1. Entity Name BOCA MARKETS, INC.			
Principal Place of Business 22191 POWERLINE RD STE 2A BOCA RATON, FL 33433		Mailing Address 7351 W. ATLANTIC AVE DELRAY BEACH, FL 33446	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required		4. FEI Number APP. FOR 20-0030218	
6. Name and Address of Current Registered Agent ROTHMAN, LEE MAX 2295 CORPORATE BLVD NW SUITE 134 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Fischer, Michael A Esq. Street Address (P.O. Box Number is Not Acceptable) Fischer & Fedman PA 116 SE 6th Court City Fort Lauderdale FL Zip Code 33301	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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 is applicable. (Typed Registered Agent Name required when registration is by mail)		DATE 4/8/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, GARY 17657 FOXBOROUGH LANE BOCA RATON, FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01 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 3-17-04 561-637-1717 Typed Name	

66413003



0317201 Chg-P CR2E034 (10/03)