


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90007 011 \*\*\*150.00

<b>DOCUMENT # P02000130049</b>	
1. Entity Name <b>F.I. BOBCAT, INC.</b>	

Principal Place of Business <b>9498 S. MILITARY TRAIL, #1 BOYNTON BEACH, FL 33436</b>	Mailing Address <b>9498 S. MILITARY TRAIL, #1 BOYNTON BEACH, FL 33436</b>
--	--

2. Principal Place of Business <b>5807 FOUNTAINS DR. S.</b>	3. Mailing Address <b>5807 FOUNTAINS DR. S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAKE WORTH, FL</b>	City & State <b>LAKE WORTH, FL</b>
Zip <b>33467</b>	Country <b>USA</b>
Zip <b>33467</b>	Country <b>USA</b>

01082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1644433</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>IZKOVICH, ILAN 9498 S. MILITARY TRAIL, #1 BOYNTON BEACH, FL 33436</b>	7. Name and Address of New Registered Agent Name <b>ILAN IZKOVICH</b> Street Address (P.O. Box Number is Not Acceptable) <b>5807 FOUNTAINS DR. S.</b> City <b>LAKE WORTH</b> FL <b>33467</b>
---	--

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: **ILAN IZKOVICH-PRESIDENT** 1/12/04  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$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	<b>D</b> <b>IZKOVICH, ILAN</b> <b>9498 S. MILITARY TRAIL, #1</b> <b>BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>ILAN IZKOVICH</b> <b>5807 FOUNTAINS DR. S.</b> <b>LAKE WORTH, FL 33467</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>IZKOVICH, ILAN</b> <b>9498 S. MILITARY TRAIL #1</b> <b>BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MORIAH IZKOVICH</b> <b>5807 FOUNTAINS DR. S.</b> <b>LAKE WORTH, FL 33467</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>IZKOVICH, MORIAH</b> <b>9498 S. MILITARY TRAIL #1</b> <b>BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ILAN IZKOVICH** 1/12/04 561-577-1761  
Signature and typed or printed name of signing officer or director Date Daytime Phone #