


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90243 034 ***150.00

DOCUMENT # P03000020874 1. Entity Name BOYNTON BEACH XX CORPORATION					
Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071			Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANT, MARK F 200 EAST BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE FL 33301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D P EZRATTI, ITZHAK	
STREET ADDRESS			STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VAS FANT, ALAN J.	
STREET ADDRESS			STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VT Costello, Richard A.	
STREET ADDRESS			STREET ADDRESS	1401 UNIVERSITY DR. #200	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	V NORWALK, Richard A	
STREET ADDRESS			STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	V MENENDEZ, N. MARIA	
STREET ADDRESS			STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	S CORBAN, Paul	
STREET ADDRESS			STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
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>[Signature]</i>			N. Maria Menendez, Vice President Date: 4/26/04 Daytime Phone #: 954-753-1730		