

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 17, 2004 8:00 am
Secretary of State

03-03-2004 90001 029 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000024704			
1. Entity Name BOCA CHEEKA PROPERTY MANAGEMENT, CORP.			
Principal Place of Business 13558 S.W. 287 TERRACE HOMESTEAD FL 33030		Mailing Address 13558 S.W. 287 TERRACE HOMESTEAD FL 33030	
2. Principal Place of Business 14405 S.W. 252 ST.		3. Mailing Address 14405 S.W. 252 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD FL		City & State HOMESTEAD FL	
Zip 33032	Country	Zip 33032	Country
6. Name and Address of Current Registered Agent HERNANDEZ, CRUZ 13558 S.W. 287 TERRACE HOMESTEAD FL 33030		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CRUZ 13558 S.W. 287 TERRACE HOMESTEAD FL 33030 14405 SW 252 ST. HOMESTEAD FL 33032	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
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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: CRUZ HERNANDEZ		2-27-04 (395) 978-4442	
<small>Typed or printed name of signing officer or director</small>		<small>Date Daytime Phone #</small>	