

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038183

FILED  
Apr 11, 2005  
Secretary of State

**Entity Name:** CORPORATE EXECUTIVE SUITES BOYNTON, INC.

**Current Principal Place of Business:**

1900 CORPORATE BLVD.  
SUITE 400 EAST  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

1900 CORPORATE BLVD.  
SUITE 400 EAST  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 20-0153410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLOOM, JONATHAN ESQ.  
2295 NW CORPORATE BLVD.  
SUITE 117  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** GALEL, YORAM  
**Address:** 1900 CORPORATE BLVD. #400 EAST  
**City-St-Zip:** BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** YORAM GALEL

PSTD

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date