

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91043 011 \*\*\*150.00

<b>DOCUMENT # P03000040239</b> 1. Entity Name <b>REAL ESTATE PROS OF BOCA RATON, INC.</b>			
Principal Place of Business <b>499 EAST PALMETTO PARK ROAD</b> <b>SUITE 209</b> <b>BOCA RATON, FL 33432 US</b>		Mailing Address <b>2015 N. OCEAN BLVD</b> <b>SUITE 12 K</b> <b>FORT LAUDERDALE, FL 33308 US</b>	
2. Principal Place of Business <b>98 S. Federal Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>98 S. Federal Hwy</b> Suite, Apt. #, etc.	
City & State <b>Boca Raton FL</b> Zip <b>33432</b> Country <b>USA</b>		City & State <b>Boca Raton FL</b> Zip <b>33432</b> Country <b>USA</b>	
4. FEI Number <b>743086281</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARRINGER, BARRY</b> <b>2015 N. OCEAN BLVD</b> <b>12 K</b> <b>FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent Name <b>BARRINGER, BARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 S.E. MIZNER BLVD #846</b> City <b>Boca Raton</b> FL Zip Code <b>33432</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Director</b> <input type="checkbox"/> Delete NAME <b>BARRINGER Barry</b> STREET ADDRESS <b>BARRINGER Barry</b> CITY-ST-ZIP	TITLE <b>BARRINGER BARRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BARRINGER BARRY</b> STREET ADDRESS <b>99 S.E. MIZNER BLVD #846</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE <b>President</b> <input type="checkbox"/> Delete NAME <b>BARRINGER, Barry</b> STREET ADDRESS <b>BARRINGER Barry</b> CITY-ST-ZIP	TITLE <b>BARRINGER BARRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BARRINGER BARRY</b> STREET ADDRESS <b>99 S.E. MIZNER BLVD #846</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>
TITLE <b>Secretary</b> <input type="checkbox"/> Delete NAME <b>BARRINGER Barry</b> STREET ADDRESS <b>BARRINGER Barry</b> CITY-ST-ZIP	TITLE <b>BARRINGER Barry</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>BARRINGER Barry</b> STREET ADDRESS <b>99 S.E. MIZNER BLVD #846</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/30/04</b> Daytime Phone # <b>202 1235</b>	