

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054111

FILED
Apr 23, 2004
Secretary of State

Entity Name: BOCA SKEWERS, INC.

Current Principal Place of Business:

% CARL A. CASCIO, P.A.
639 EAST AVENUE AVENUE SUITE 207
BOYNTON BEACH, FL 33435

Current Mailing Address:

% CARL A. CASCIO, P.A.
639 EAST AVENUE AVENUE SUITE 207
BOYNTON BEACH, FL 33435

New Principal Place of Business:

% CARL A. CASCIO, P.A.
525 NE 3RD AVENUE, SUITE 102
DELRAY BEACH, FL 33444

New Mailing Address:

% CARL A. CASCIO, P.A.
525 NE 3RD AVENUE, SUITE 102
DELRAY BEACH, FL 33444

FEI Number: 33-1057714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCIO, CARL A ESQ.
639 EAST OCEAN AVENUE
SUITE 207
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

CASCIO, CARL A ESQ.
525 NE 3RD AVENUE
SUITE 102
DELRAY BEACH, FL 33444 US

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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: KAFEL, HUSSEIN
Address: 15836 CORINTHA TERRACE
City-St-Zip: DELRAY BEACH, FL 33446

Title: SVD () Delete
Name: KAFEL, LAURIE
Address: 15836 CORINTHA TERRACE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LAURIE KAFEL

SVD

04/23/2004

Electronic Signature of Signing Officer or Director

Date