2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 14, 2008 08:00 A Secretary of State DOCUMENT # P03000084151 1. Entity Name **BOCA PRO SERVICES, INC.** Principal Place of Business Mailing Address 899 W. CAMINO REAL 899 W. CAMINO REAL BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US CR2E034 (11/05) 02082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1199810 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDRADE, WILMA DO NOT WRITE 899 W. CAMINO REAL BOCA RATON, FL 33486 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ANDRADE, WILMA 899 W. CAMINO REAL STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP-

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachr empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR