

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90204 023 ***150.00

DOCUMENT # P03000085483

1. Entity Name
BOCA RATON VI CORPORATION



Principal Place of Business
**1401 UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071**

Mailing Address
**1401 UNIVERSITY DR STE 200
CORAL SPRINGS, FL 33071**

60034404

2. Principal Place of Business
**1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300**

3. Mailing Address
**1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc.
Suite 300**

City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33323

Country
USA

Zip
33323

Country
USA

04032006

Chg-P

CR2E034 (11/05)

4. FEI Number
57-1182161

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANT, MARK F
200 E BORWARD BLVD 15TH FL
FT LAUDERDALE, FL 33301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZVATTI, ITZHAK 1401 UNIVERISTY DR, STE 200 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1401 UNIVERISTY DR, STE 200 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COSTELLO, RICHARD A 1401 UNIVERISTY DR, STE 200 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1401 UNIVERISTY DR, STE 200 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENEDEZ, N. MARIA 1401 UNIVERISTY DR, STE 200 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERISTY DR, STE 200 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZVATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENEDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

N. MARIA MENEDEZ, VICE PRESIDENT

Date

Daytime Phone #

954-753-1730