
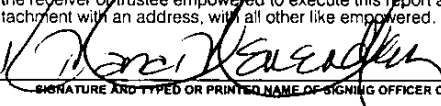


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 027 ***150.00

DOCUMENT # P03000085483			
1. Entity Name BOCA RATON VI CORPORATION			
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323		Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANT, MARK F 200 E BORWARD BLVD 15TH FL FT LAUDERDALE, FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZHAK <input type="checkbox"/> Delete 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EZRATTI, ITZHAK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J <input type="checkbox"/> Delete 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MENENDEZ, N. MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CORBAN, PAUL 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 		N. MARIA MENENDEZ, VICE PRESIDENT 4/27/07 954.753.1730 Date Daytime Phone #	

40000000



04202007 Chg-P CR2E034 (12/06)

4. FEI Number
57-1182161 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required