## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000097433

## FILED Apr 26, 2004 8:00 am Secretary of State 04-12-2004 90674 006 \*\*\*150.00

1. Entity Name BOCA MAF	RINA GRANDE GP, INC.	÷						
Principal Place	of Business	Mailing Address			1			
321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441		321 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441			66414759			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.			03302004	Chg-P	CR2E034 (10/03)	)
City & State		City & State			4. FEI Number Applied For 57-1185693 Not Applied For			
Zip	Country	Zip	ip Country				\$8.75 Ac	ditional
	6. Name and Address of Current I				7. Name and Address of New Registered Agent			
SCHOCKET, JEFFREY SEE HILLSBORO BLVD DEERFIELD BEACH, FL. 33441				Theodore R. Stotzer, Esq.  Street Address (P.O. Box Number is Not Acceptable)  321 East Hillsboro Blvd.				
			L					
			(	City Deer	field Beac	h .	FL Zip Co	de 3441
	amed entity submits this statement for	the purpose of changing its r	egistered o					
the obligation	ns of registered agent.							1
SIGNATURE						March 3		
s	neodore R. Stotzer. Rei	21stered Agent (NOTE:	Registered Ag	ent signature require	ed when rematating)		DATE	
	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.0		bution.		5.00 May Be ded to Fees			<u> </u>
10.	OFFICERS AND		11.	10	ADDITIONS.	CHANGES TO OFFICE		
TITLE NAME		Delete	TITLE	Str	eat Brian	_	Change	Addition
STREET ADORESS			STREET A	DORESS 321	eet, Brian E Hillsboro	Blud .		
CITY-ST-ZIP			CITY-ST-	ZP Dee	rfield B	od, Fl 33441		
TITLE		☐ Delets	TITLE	VP			☐ Change	Addition
NAME CTREET ADDRESS			NAME STREET A	Coh	en James	31.d		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-		£ Hilbbo <u>i field Bea</u>		1	
TITLE	•	Delete	MLE	VP		n	☐ Change	Addition
NAME STREET ACORESS CITY-ST-ZIP			NAME STREET A CITY-ST-	م <u>د</u> ے ا	ekut, Juff E Hijisber		du.	
rine		Delete .	TITLE	(-)	uffeld S	ead, FL 33	<b>7 %</b> / □ Change	Addition _
NAME	. <del></del>		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET A					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET A					1
CITY-ST-ZIP		Пе	CITY-ST-	- gur			[7] AL	
TITLE Name		( Delete	TITLE				☐ Change	Addition
STREET ADDRESS City-St-Zip		1 /	STREET A	1.				
12. I hereby ce indicated o of the corpo	rtify that the information supplied with in this report or supplemental report be oration or the receiver or trustee emp or on an attachment with an apprecia	this filling does not qualify for the and accurate and that m wered to execute this report a	the exemp y signature is required	ition stated in S shall have the by Chapter 60	Section 119.07(3) e same legal effe 07, Florida Statut	(i), Florida Statutes. I fur of as if made under cath es; and that my name ap	ther certify that the i; that I am an offici opears in Block 10	information er or director or Block 11 if
changed, d	(\/ <del>\/</del>	with a other like empowered.		-	4-8-0	4 95	4-418-6	3207