

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90202 015 \*\*\*150.00

<b>DOCUMENT # P03000104275</b> 1. Entity Name <b>TUSCANY VILLAGE OF BOCA RATON, INC.</b>																											
Principal Place of Business <b>7040 W. PALMETTO PK. RD. #4-100 BOCA RATON, FL 33433</b>		Mailing Address <b>7040 W. PALMETTO PK. RD. #4-100 BOCA RATON, FL 33433</b>																									
2. Principal Place of Business - No P.O. Box # <b>3843 LANDINGS DR</b>		3. Mailing Address <b>3843 LANDINGS DR</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>BOCA RATON</b>		City & State <b>BOCA RATON</b>																									
Zip <b>33496</b>		Zip <b>33496</b>																									
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>																									
4. FEI Number <b>55-0847924</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>RUBENSTEIN, LEON 7040 W. PALMETTO PARK RD #4-100 BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent Name <b>RUBENSTEIN, LEON</b> Street Address (P.O. Box Number is Not Acceptable) <b>3843 LANDINGS DRIVE</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33496</b>																									
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 new applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
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																									
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/21/07</b> Daytime Phone # <b>861 994 1894</b>																									