2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000146947** 04-12-2004 90674 001 ***150.00 1. Entity Name BOCA DEVELOPERS, INC. Principal Place of Business Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BCH FL 33441 321 E. HILLSBORO BLVD. DEERFIELD BCH FL 33441 66414760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 77-0630508 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TED STOTZER STOTZER, THEODORE R 321 E HILLSBORO BLVD. Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD **DEERFIELD BCH FL 33441** Zip Code 33441 DEERFIELD BEACH 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE mn ¢ Delete NAME NAME STREET, BRIAN STREET ADDRESS 321 E HILLSBORO BLVD STREET ADDRESS COY-ST-7P CITY-ST-ZIP DEERFIELD BEACH FL 33441 TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME COHEN, JAMES STREET ADDRESS STREET ADDRESS 321 E HILLSBORO BLVD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 3344 TITLE Delete IIII F ☐ Change Addition NAME NAME SCHOCKET. JEFFREY STREET ADDRESS STREET ADDRESS 321 E_HILLSBORO_BLVD -CITY-ST-ZIP-CITY-ST-ZIP -DEERFIELD BEACH-FL Change TITLE ☐ Delete 1M F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TITLE ☐ Delete IM F ☐ Change Addition MARKET NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Dalete MILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied indicated on this report or supplemental re-of the corporation or the receiver or fuster ng does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with this fil changed, or on an attachment w SIGNATURE: SIGNATU

FILED