## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133871

1. Entity Name
BOCA V.O. REALTY CORP.



FILED
May 19, 2006 08:00 A
Secretary of State

Daytime Phone #

Principal Place of Business

5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 Mailing Address

5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484



| DO NOT WRITE | IN THIS | SPACE |
|--------------|---------|-------|
|--------------|---------|-------|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1779137

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRY, STANLEY 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obligat<br>SIGNATURE                           | named entity submits this statement for the pone of registered agent.  Signature, typed or printed name of registered agent but title if   |  |              | egistered agent, or bo         | oth, in the State of F | Florida I am famil    | ar with, and accept                            |
|--|--|--|--------------|--------------------------------|------------------------|-----------------------|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 |  | Election Campaign Financi     Trust Fund Contribution. | ng 📋,        | \$5.00 May Be<br>Added to Fees |                        | . ,                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              | P BARRY, MITCHELL 5935 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33480  | TORS   | •            |                                | agen faith office      | <b>**</b>             | Allanda en |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              | VPST<br>BARRY, RICHARD<br>5935 VINTAGE OAKS CIRCLE<br>DELRAY BEACH, FL 33484   |  |              |                                | 000000<br>05/20/06-    | 0565327<br>-80123-014 | \$ 550.00                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |  |  |              |                                | NOT V                  |                       |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                    |  |  |              | IN                             | THIS S                 | PACE                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                              |  |  |              | •                              |                        |                       |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP                              |  |  | ٠.           |                                |                        |                       |  |
| indicated !  | certify that the information supplied with this file on this report or supplemental report is true a poration or the receiver or trustee empowere, or on an attacknesh with an address, with a | and accurate and that my signatu                       | re snall nav | ve ine same ledal elle         | ect as il made unde    | roam: mai ram a       | n oncer or alrector                            |