

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-21-2006 90045 050 ***158.75

DOCUMENT # P05000049916																																																																																																											
1. Entity Name BOCA KEY LARGO, INC.																																																																																																											
Principal Place of Business 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441			Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																									
City & State		City & State																																																																																																									
Zip	Country	Zip	Country	4. FEI Number 20-2656897																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																							
6. Name and Address of Current Registered Agent STOTZER, THEODORE R 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																							
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.				\$8.75 Additional Fee Required																																																																																																							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00																																																																																																											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">D STREET, BRIAN <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">321 E. HILLSBORO BLVD.</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">DEERFIELD BCH, FL 33441</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">D COHEN, JAMES H <input type="checkbox"/> Delete</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">321 E. HILLSBORO BLVD.</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">DEERFIELD BCH, FL 33441</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D STREET, BRIAN <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	321 E. HILLSBORO BLVD.		NAME			STREET ADDRESS	DEERFIELD BCH, FL 33441		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	D COHEN, JAMES H <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	321 E. HILLSBORO BLVD.		NAME			STREET ADDRESS	DEERFIELD BCH, FL 33441		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																								
TITLE	D STREET, BRIAN <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	321 E. HILLSBORO BLVD.		NAME																																																																																																								
STREET ADDRESS	DEERFIELD BCH, FL 33441		STREET ADDRESS																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																								
TITLE	D COHEN, JAMES H <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME	321 E. HILLSBORO BLVD.		NAME																																																																																																								
STREET ADDRESS	DEERFIELD BCH, FL 33441		STREET ADDRESS																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																								
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME			NAME																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																								
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																						
NAME			NAME																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																								
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: <u>James H. Cohen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																											
Date _____ Daytime Phone # _____																																																																																																											

66008828



02232006 Chg-P CR2E034 (11/05)