

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000140113

FILED
Apr 12, 2006
Secretary of State**Entity Name:** BOCA NINETY9, INC.**Current Principal Place of Business:**99 SE 1ST AVENUE
BOCA RATON, FL 33432**New Principal Place of Business:****Current Mailing Address:**99 SE 1ST AVE
BOCA RATON, FL 33432**New Mailing Address:****FEI Number:** 20-3638794**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOAIZA, LUIS
99 SE 1ST AVE
BOCA RATON, FL 33432 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: LOAIZA, LUIS
Address: 99 SE 1ST AVE
City-St-Zip: BOCA RATON, FL 33432**Title:** S T (X) Delete
Name: MATCHTON, BRETT
Address: 99 SE 1ST AVE
City-St-Zip: BOCA RATON, FL 33432**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS LOAIZA

PRES

04/12/2006

Electronic Signature of Signing Officer or Director_____
Date