

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000066045

FILED
Jan 25, 2009
Secretary of State**Entity Name:** SOUTH BOCA INVESTMENTS INC.**Current Principal Place of Business:**1991 SANSBURY'S WAY
WEST PALM BEACH, FL 33411 US**New Principal Place of Business:****Current Mailing Address:**1991 SANSBURY'S WAY
WEST PALM BEACH, FL 33411 US**New Mailing Address:****FEI Number:** 20-4883607 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAZA, SYED M
1991 SANSBURY'S WAY
WEST PALM BEACH, FL 33411 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:** PD () Delete
Name: RAZA, SYED M
Address: 1991 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411 US**Title:** VP (X) Delete
Name: RAZA, NAHEED A
Address: 1991 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411**Title:** SECR () Delete
Name: RAZA, SYED H
Address: 1991 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411**Title:** TR () Delete
Name: RAZA, FATHIMA
Address: 1991 SANSBURY'S WAY
City-St-Zip: WEST PALM BEACH, FL 33411**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 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: SYED M RAZA

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date