2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILEU SECRETARY OF STATE DIVISION OF CORPORATION

1. Enlity Name BOCA CO Principal Place 301 YAMATO SUITE 3101 BOCA RATON,	e of Business RD FL 33431 US ace of Business	Mailing Address 301 YAMATO RD SUITE 3101 BOCA RATON, FL 3343 3. Mailing Address Suite. Apt. #, etc. City & State	:1 US		03132006 4. FEI Number 60-0310	06 APF	R 24 AF	4 (11/05)	
Zip -	Country	Zip	Count	try	5. Certificate of	of Status Desired		8.75 Addit ee Required	
6. Name and Address of Current Registered Agent STOLTZ II, MORRIS M PRES 301 YAMATO RD SUITE 3101 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			d Agent signature require	5.00 May Be ided to Fees		DATE			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONO (CHANGES TO OF	TICEDO AND	DIRECTORS	
TITLE	PD				ADDITIONS/	51 17114GEG 10 01	-LICENS AND		IN 11
NAME STREET ADDRESS CHY-S1-ZIP	STOLTZ, II MORRIS L. 301 YAMATO RD, STE 3101 BOCA RATON, FL 33431	☐ Delete			ADDITIONS/	3. PARALES 10 OF	FICERS AND	☐ Change	IN 11
STREET ADDRESS	STOLTZ, II MORRIS L. 301 YAMATO RD, STE 3101	□ Delete	NAM STRE CITY TITLI NAM STRE	E EET ADDRESS -SI - ZIP		00074 8/06010		☐ Change	Addition Addition
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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 trusted 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHATTINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #