

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90026 020 ***150.00

DOCUMENT # P94000015486

1. Entity Name
BOCA ART, INC.



Principal Place of Business
7089 PRADO LAKE DR
DELRAY BEACH, FL 33446

Mailing Address
7089 PRADO LAKE DR
DELRAY BEACH, FL 33446

44043101



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0473297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHILSKY, ROBERT
7089 PRADO LAKE DR
DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Robert Schilsky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/16/04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
SCHILSKY, ROBERT
7089 PRADO LAKE DR
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Schilsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04

DATE

561-499-8668

Daytime Phone #

Attachment
44049181

#P94000015486

7/16/04

TO WHOM IT MAY CONCERN,

I AM ENCLOSING A CHECK FOR
\$150.⁰⁰/_{xx} BECAUSE I NEVER RECEIVED YOUR FIRST POST
CARD INFORMING ME OF PAYMENT. I CALLED YOUR
OFFICE AND A WOMAN I SPOKE TO SAID SEND IN
\$150.⁰⁰/_{xx} AND PUT A CROSS IN A BOX ON FORM WHICH
I DON'T SEE.

THANKING YOU IN ADVANCE,

Robert Schilsky