## 2007 FOR PROFIT CORPORATION

## Apr 13, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P94000022311** FIRST BOCA ASSOCIATES, INC. Principal Place of Business Mailing Address 11338 CLOVER LEAF CIR 11338 CLOVER LEAF CIRCLE BOCA RATON, FL 33428 US BOCA RATON, FL 33428 US CR2E034 (11/05) 04102007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0476490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINBERG, ROBERT W DO NOT WRITE 11338 CLOVER LEAF CIRCLE BOCA RATON, FL 33428 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 obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE NAME WEINBERG, ROBERT W STREET ADDRESS 11338 CLOVER LEAF CIR CiTY-ST-7IP BOCA RATON, FL 33428 000000703785 04/20/07-80153-015 150.00 ZITI F NAME STREET ADDRESS CiTY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:** 

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

**FILED**