2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 23, 2004 08:00 AM **DOCUMENT # P95000042487 Secretary of State** AT YOUR SERVICE - BOCA RATON, INC. Mailing Address Principal Place of Business 4400 N FEDERAL HWY 4400 N FEDERAL HWY SUITE 210-40 BOCA RATON FL 33431 SUITE 210-40 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0578594 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORIARTY, JAMES J Street Address (P.O. Box Number is Not Acceptable) 4400 N FEDERAL HWY SUITE 210-40 **BOCA RATON FL 33431** City Zip Code 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 Flonda. I am familiar with, and acceptable and acceptable acceptable and acceptable ac 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TEFLE ☐ Delete TIS F Change MANAF MORIARTY, JAMES HAME U00000010736 STREET ADDRESS 4030 BIRCHWOOD DRIVE STREET ADDRESS 01/23/04-80008-023 150.00 **BOCA RATON FL 33487** CRY-51-202 CATY-ST-ZAP ٧P ☐ Delete TITLE ☐ Change □ 4.3.5° TITLE MORIARTY, DOLORES NAME NAME STREET ADDRESS 4030 BIRCHWOOD, DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY - ST - 7IP $\square \overline{\mathbb{A}}_{\Sigma^{\mathrm{res}}}$ SIBE Change TILLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change | THAGE! TITLE THEE ☐ Delete NAME NAME STREET ACCRESS STREET ADDRESS CETY-ST-78P CITY-SE-ZIP Delete Change Adam' BILE 331 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TELE ☐ Delete TITLE Change A 440 NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP DITY-ST-ZIP 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 it made under oath; that I am an officer or direction 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 changed, or on an attachment with an adpless, with all other like empowered.

**FILED** 

ES MOTIARY 1-20-04 (561) 82-441