2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AN

HED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P95000068742 1. Entity Name 04-12-2004 90674 005 ***150 00 BOCA MARINA DEVELOPERS, INC. Principal Place of Business Mailing Address 321 E HILLSBORO BLVD DEERFIELD BEACH FL 33441 321 E HILLSBORO BLVD 94020040 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0614973 Not Applicable Zip Country Zip 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 TED STOTZER ŜTREET, BRIAN Street Address (P.O. Box Number is Not Acceptable) 321 E HILLSBORO BLVD E HILLSBORO BLVD DEERFIELD BEACH FL 33441 City DEERFIELD BEACH 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 (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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition STREET, BRIAN NAME NAME 321 E HILLSBORO BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHOCKET, JEFFREY NAME NAME STREET ADDRESS 323 E. HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Change ☐ Addition NAME COHEN, JAMES H NAME STREET ADDRESS STREET ADDRESS 321 E. HILLSBORO BLVD. CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supplemental re of the corporation or the receiver or trustee changed, or on an attachment with other like empowered. 4-8-04 954-418-0208 Date Daytime Phone # SIGNATURE:

FILED