

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 028 ***150.00

DOCUMENT # P95000096335

1. Entity Name
SPECIALIST BOCA CORPORATION



Principal Place of Business
**102 NORTH SWINTON AVE.
DELRAY BEACH, FL 33444 US**

Mailing Address
**102 NORTH SWINTON AVE.
DELRAY BEACH, FL 33444 US**

2. 4700 NW Boca Raton Blvd.
Suite 104
Boca Raton, FL 33431-4860

3. 4700 NW Boca Raton Blvd.
Suite 104
Boca Raton, FL 33431-4860



04262005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0730039

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, ROBERT M
102 NORTH SWINTON AVE.
SUITE 301
DELRAY BEACH, FL 33444**

Name **Schwartz, Robert M.**
Street Address (P.O. Box Number is Not Acceptable)
**4700 NW Boca Raton Blvd.
Suite 104
Boca Raton, FL 33431-4860**
City **FL** 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 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MANNING, SARAH A 1508 BRITANNIA PLACE JERSEY, CHANNEL ISLANDS, J64 8Y1	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GREEN, ANDREW GS PO BOX 300, COMMERCIAL HOUSE JERSEY, CHANNEL ISLANDS, J64 8Y1	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ST GEORGE, PETER C 1508 BRITANNIA PLACE JERSEY, CHANNEL ISLANDS, J64 8Y1	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Dir Neukom, Claude P.O. Box 390 Geneva 12 Switzerland	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Dir. Lathion, Philippe P.O. Box 392 Geneva 12, Switzerland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP. Robert M. Schwartz 4700 NW Boca Raton Blvd. Suite 104 Boca Raton, FL 33431-4860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 M. Schwartz, A.V.P.

4/26/05

561-241-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #