

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000096335</b>	
1. Entity Name <b>SPECIALIST BOCA CORPORATION</b>	
Principal Place of Business <b>4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431 US</b>	Mailing Address <b>4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431 US</b>



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0730039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**SCHWARTZ, ROBERT M  
4700 NW BOCA RATON BLVD.  
SUITE 104  
BOCA RATON, FL 33431**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	NEUKAM, CLAUDE
STREET ADDRESS	P.O. BOX 390
CITY-ST-ZIP	GENEUG 12 SWITZERLAND,
TITLE	SD
NAME	LATHION, PHILIPP
STREET ADDRESS	P.O. BOX 392
CITY-ST-ZIP	GENEUG 12, SWITZERLAND,
TITLE	AVP
NAME	SCHWARTZ, ROBERT M.
STREET ADDRESS	4700 NW BOCA RATON BLVD, STE. 104
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000871070  
04/09/08-80115-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

SIGNATURE: *Robert M. Schwartz* **RMSchwartz, AVS 3/12/08 561-291-1850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #