


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000058248</b>	
1. Entity Name BOTANICA OF BOCA, INC.	

Principal Place of Business 7050 W. PALMETTO PARK RD SUITE 25 BOCA RATON, FL 33433 US	Mailing Address 7050 W. PALMETTO PARK RD SUITE 25 BOCA RATON, FL 33433 US
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0680792	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DRUCKER, IRWIN 22150 CONCHA AVE BOCA RATON, FL 33428
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKER, IRWIN 22150 CONCHA AVENUE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOMINSKI, ROBERT 22150 CONCHA AVENUE BOCA RATON, FL 33428
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Plominski **3/5/04** **561-392-0023**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #