

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90245 018 ***150.00

DOCUMENT # P96000063721

1. Entity Name
BOCA BY DESIGN, INC.



Principal Place of Business
**501 EAST CAMINO REAL
BOCA RATON, FL 33431**

Mailing Address
**P O BOX 5025
CORPORATE OFFICES
BOCA RATON, FL 33431**

2. Principal Place of Business
501 EAST CAMINO REAL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOCA RATON, FL
Zip
33432

City & State
Country

02252004 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **FINOCCHIAIRO, MJ**
STREET ADDRESS **501 EAST CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **VS** ☐ Delete
NAME **HANDLEY, RICHARD L**
STREET ADDRESS **501 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **P** ☐ Delete
NAME **FEDER, DAVID S**
STREET ADDRESS **501 E. CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/T** ☒ Change ☐ Addition
NAME **FINOCCHIAIRO, MARY JO**
STREET ADDRESS **501 E CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **V/S/D** ☒ Change ☐ Addition
NAME **HANDLEY, RICHARD L**
STREET ADDRESS **450 E LAS OLAS BLVD. STE 1500**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **MOOR, WAYNE**
STREET ADDRESS **501 E. CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **V** ☐ Change ☒ Addition
NAME **STIRK, ROBERT**
STREET ADDRESS **501 EAST CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 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: MaryJo Finocchiaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MaryJo Finocchiaro

4/16/04
Date

561-447-5302
Daytime Phone #