



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90348 003 ***150.00

DOCUMENT # P97000034167 1. Entity Name BOCASA (FLORIDA) INC.					
Principal Place of Business C/O JANE LUMBERSON 8955 FONTANA DEL SOL WAY NAPLES, FL 34109 US			Mailing Address C/O JANE LUMBERSON P.O BOX 111419 NAPLES, FL 34103 US		
2. Principal Place of Business C/O JANE LAMBERSON		3. Mailing Address C/O JANE LAMBERSON			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04272004 Chg-P CR2E034 (10/03)	
City & State 		City & State 		4. FEI Number 65-0753893	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERSON, JANE 8955 FONTANA DEL SOL WAY NAPLES, FL 34109		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 _____ (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. <input type="checkbox"/> \$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	DVPS CALMES, JEAN 4 RUE DU PARC L-5374 GR D OF LUXEMBOURG,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Jane E. Lamberson, Director</u> 4/27/04 (239) 262-0170 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
JANE E. LAMBERSON					