2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P97000056495 1. Entity Name BOCA RATON VACUUM, INC.					05-03-2004 90387 005 ***150.00				
Principal Place of Business 281 N. FEDERAL HIGHWAY BOCA RATON, FL 33432			Mailing Address 113 N. FEDERAL HWY DANIA, FL 33004		94077496				
2. Principal Pla	ace of Business	3. Mailing Address	3						
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			Chg-P		4 (10/03)	
City & State		City & State	City & State		4. FEI Number 65-0764619			Applied For Not Applicable	
Zip	Country	Zip	Count	ry		of Status Desired		8.75 Add	itional
	6. Name and Address of Curi	rent Registered Agent		Nama	7. Name and	Address of New	Registered A	gent_	
TIMOSZCZUK, EDDIE DANIEL 281 N. FEDERAL HIGHWAY				Name GETALD ADAMS Street Address (P.O. Box Number is Not Acceptable)					
BOCA RAT	ON, FL 33432				113 N. FEDERAL HWY				
, 5°*		/ / s	/ \				<u>ر ر</u>	Zip Code	
8. The above	named entity submits this state re-	ent or the purpose of change	ging its registere	d office or regist	IFF BEAC ered agent, or bo				and accept
the obligation	ons of registered age	1							
SIGNATURE Signature. Typed or puried name cylings and stille if applicable. (NOTE: Registered				1 Agent signature requir	red when reinstating)	<u> </u>	DATE		
	/ \/	9. Election (Campaign Finan	cina C I	5.00 May 8e				
FILI After Ma	E NOW!!! FEE IS \$150/00 iy 1, 2004 Fee will be \$5	'	nd Contribution.		ded to Fees				j
10.		AND DIRECTORS	11.		ADDITIONS	/CHANGES TO C	FFICERS AND	DIRECTORS	S IN 11
TITLE	DPVS TIMOSZCZUK, EDDIE DANI	□ Delei	te TITLE					☐ Change	Addition
NAME STREET ADDRESS	281 N. FEDERAL HIGHWAY		1	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY	ST-ZIP			· <u></u>		_ <u></u>
TITLE NAME	T TIMOSZCZUK, EDDIE DANI	☐ Dele	te TITLE NAMI					Change	☐ Addition
STREET ADDRESS	281 N. FEDERAL HIGHWAY		1	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33432			-ST-ZIP					
TITLE NAME		☐ Dele	te TITLE NAM	n n				☐ Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE NAME	l	☐ Dele	te TITLE NAM					Change	Addition
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CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Dele	1	ì		- -		☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
12. I hereby of indicated of the corchanged,	pertify that the information supplied on this report or suppler entailing poration or the receiver or trusted or on an attachment with an agein	d with this filing does not queen to the control of	ualify for the exe nd that my signa s report as requi owered.	mption stated in ture shall have th red by Chapter 6	Section 119.07(3) le same legal effe 307, Florida Statut	(i), Florida Statute oct as if made und es; and that my n		ify that the i m an officer Block 10 o	nformation or director r Block 11 if