## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 23, 2004 08:00 AM DOCUMENT # P97000088487 **Secretary of State** 1. Entity Name BOCA AIR BROKERAGE, INC. Mailing Address Principal Place of Business 1900 GLADES RD 3700 AIRPORT RD **BOCA RATON FL 33431 STE 245** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FE! Number 49-2471740 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRESLOW, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 1900 GLADES RD **STE 245 BOCA RATON FL 33431** Zio 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE THE WANTSHOUSE, MARK NAME NAME U00000127719 04/26/04-80009-013 150.00 STREET ADDRESS 3700 AIRPORT STREET ADDRESS CITY -ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP Addition THLE ☐ Change atle Delete NAME NAME GREENBERG, MARTIN F STREET ADDRESS STREET ADDRESS 1900 GLADES RD STE 245 City-St-ZiP CITY-ST-ZIP BOCA RATON FL 33431 ☐ Addition ☐ Change Delete TITLE TITLE **DCFO** NAME NAME FAREN, MICHAEL STREET ADDRESS STREET ADDRESS 1900 GLADES RD STE., #245 CHY-ST-78 CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change Addition ME Detete THE NAME MAME STREET ADDRESS STREET ADDRESS EITY-SI-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath, 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.

Martin F. Greenberg Chairman of the Board

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

561-347-8585

Daytime Phone #

FILED