## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000019010

Entity Name: BOCA PHARMACAL, INC.

6289 NW 62ND TERRACE

PARKLAND, FL 33067

Address: City-St-Zip: FILED Apr 05, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
6601 LYONS ROAD, E-7 COCONUT CREEK, FL 33073				3550 NW 126TH AVENUE, CORAL SPRINGS, FL 33065	
			CORAL SPRINGS, F		
Current Mailing Address:			New Mailing Address:		
6601 LYONS ROAD,				3550 NW 126TH AVENUE CORAL SPRINGS, FL 33065	
E-7 COCONU	T CREEK, FL	33073	CORAL SPRINGS, F	L 33060	
FEI Number	: 65-0831883	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
		VE, SUITE 105 207 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( KRAEMER, MA 2651 FOREST JACKSONVILL	CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, R	YPRESS HEAD DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TD ( WESTON, STE	) Delete VEN	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT J. EDWARDS JR PD 04/05/2006