


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000019010 1. Entity Name BOCA PHARMACAL, INC.	
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Principal Place of Business 3550 NW 126TH AVENUE, CORAL SPRINGS, FL 33065	Mailing Address 3550 NW 126TH AVENUE CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0831883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired 	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ELEFANT, FRED
1650 PRUDENTIAL DRIVE, SUITE 105
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000347324 06/02/08-30009-020-158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAEMER, MARK 2651 FOREST CIRCLE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, ROBERT J JR 7341 WEST CYPRESS HEAD DR. PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESTON, STEVEN 6289 NW 62ND TERRACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____