

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90034 030 ***150.00

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1. Entity Name
BOCAIR GROUP, INC.



Principal Place of Business

**1900 GLADES RD.
SUITE 101
BOCA RATON, FL 33431**

Mailing Address

**P.O. BOX 810577
BOCA RATON, FL 33481-0577**



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0880064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**-MERSON, ROBERT
1900 GLADES RD.
SUITE 101
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MERSON, ROBERT
STREET ADDRESS	1900 GLADES RD, STE 101
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	GINSBURG, MARK
STREET ADDRESS	19665 OAKBROOK COURT
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	S
NAME	RANDQUIST, LAVADA
STREET ADDRESS	1900 GLADES RD STE 101
CITY-ST-ZIP	BOCA RATON, FL 33431
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #