

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90015 031 ***150.00

DOCUMENT # P98000070360 1. Entity Name BOCA VALLEY REALTY, INC.																													
Principal Place of Business 6349 N. FEDERAL HWY BOCA RATON, FL 33487			Mailing Address 6349 N. FEDERAL HWY BOCA RATON, FL 33487																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
01042005 Chg-P CR2E034 (10/03)				4. FEI Number 65-0858851																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent MCCANN, JOHN 6349 N FEDERAL HIGHWAY BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name LISA GALANO Street Address (P.O. Box Number is Not Acceptable) 6349 N. FEDERAL HWY. City BOCA RATON FL Zip Code 33487																										
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 <i>[Signature]</i> LISA GALANO Co-Owner 1-4-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: <i>[Signature]</i> JOHN MCCANN, Pres 1/5/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
				Date 1/5/05 Daytime Phone # 561-988-5377																									