2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000092995

1. Entity Name

BOCA FITNESS ENTERPRISES, INC.

Principal Place of Business

4400 PFA BLVD.

SUITE 700

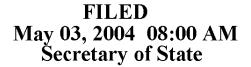
PALM BEACH GARDENS, FL 33410

Mailing Address

4400 PFA BLVD.

SUITE 700

PALM BEACH GARDENS, FL 33410





DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0873155 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name and	Address	of	Current	Registered	Agent
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BOYER, JOHN W 4400 PGA BLVD

PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

				,		
	named entity submits this statement for the plions of registered agent	urpose of changing its registere	a office or i	egistered agent or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agerir signatur	e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550,00	9. Election Campaign Financ Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
NAM: STREET ADDRESS CITY-ST-ZIP	DPT BOYER, JOHN W 4 GRAEMOOR TERRACE PALM BEACH GARDENS, FL 33418				U00000147176	
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCHNEIDER, DAVID E 21340 FAGOSA COURT BOCA RATON, FL 33486				05/03/04-80095-024 150.00	
TITLE NAM: STREET ADDRESS DITY ST-209	DVPS ANGERS, GERALD R 5530 N.E. 7TH AVENUE BOCA RATON, FL. 33487		DO NOT WRITE			
NAME STREET ADDRESS CITY+ST-Z/P					THIS SPACE	
THE.E NAME STREET ADDRESS CITY+ST-ZIP						
THEE NAME						

12. Increby certify that the information supplied with this filling obeshot quality 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 any that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the receiver or austee impowered to execute his seport as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an affachment with an appears with all other like annothered.

OMOIOESCHWEDG

SIGNATURE:

NORMATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-0

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