


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90056 015 ***150.00

DOCUMENT # P99000052451 1. Entity Name BOBEC II, INC.					
Principal Place of Business 2191 INDIAN RD. WEST PALM BEACH, FL 33409			Mailing Address 2191 INDIAN RD. WEST PALM BEACH, FL 33409		
2. Principal Place of Business 617 W. Industrial Ave Suite, Apt. #, etc.		3. Mailing Address 617 W. Industrial Ave Suite, Apt. #, etc.			
City & State Boynton Beach FL Zip 33426		City & State Boynton Beach FL Zip 33426		4. FEI Number 65-0931953 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JACQUES, NELSON 2191 INDIAN RD. WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Nelson Jacques Street Address (P.O. Box Number is Not Acceptable) 617 W. Industrial Ave City Boynton Beach FL Zip Code 33426		
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 NELSON JACQUES DATE 2/14/05 <small>Signature, typed or printed name of registered agent and state if applicable. (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D JACQUES, NELSON 2191 INDIAN RD. 617 W. Industrial Ave WEST PALM BEACH, FL 33409 Boynton Beach		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(l), 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: Nelson Jacques <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/14/05 Daytime Phone # (561) 686-7534		