


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000071169</b> 1. Entity Name JNE OF BOCA, INC.	
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Principal Place of Business 5250 TOWN CENTER CIRCLE SUITE #125 BOCA RATON, FL 33486	Mailing Address 5250 TOWN CENTER CIRCLE SUITE #125 BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE

03122003	No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0939473	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL I  
2101 CORPORATE BLVD.  
STE 317  
BOCA RATON, FL 33431

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	VOVK, NINA
STREET ADDRESS	3420 S OCEAN BLVD APT 12R
CITY-ST-ZIP	HIGHLAND BEACH, FL 33486
TITLE	D
NAME	BEZDECK, EMMA
STREET ADDRESS	3770 VILLAGE DR
CITY-ST-ZIP	DELRAY BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000161195  
05/21/04-80004-010 150.00

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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:  NINA VOVK 5/18/04 561-391-8803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #