2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000104366 · ·

1. Entity Name

BOCA AIRCRAFT PARTNERS, INC.



Principal Place of Business

2101 NORTHWEST 2ND AVE.

SUME 5

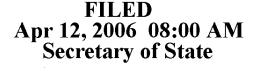
BOCA RATON, FL 33431

Mailing Address

2101 NORTHWEST 2ND AVE.

SHITE 5

BOCA RATON, FL 33431





03072005	No Chg-P	CR2E034 (11/05)			
4. FEI Numbe	<u> </u>		Applied For		
65-0968	37.83		Not Applicable		

5. Certificate of Status Desired

\$8.75 Additional Fee Regulted

6. Name and Address of Current Registered Agent

GREENBERG, HOWARD 2101 NORTHWEST 2ND AVE. SUITE 5 BOCA RATON, FL 33431

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BOCA RATON, FL 33431				IN THIS SPACE		
	named entity submits this statement for the patrons of registered agent.	urpose of changing its register	<u>} </u>	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and title I	epplicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	-	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENBERG, HOWARD 2101 NORTHWEST 2ND AVE. SUITE BOCA RATON, FL 33431	5			000000503796 04/26/96-80944-028 150.00	
TIFLE NAME STREET AUDRESS GITY-ST-ZIP	VD HETIZ-OTTO, PEITGEN 19305 SABAL LAKE DRIVE BOCA RATON, FL 33434					
THILE NAME STREET ADDRESS CITY-ST-ZIP	TD ARONOW, RALPH 944 LAKESIDE BLVD BOCA RATON, FL 33432			DO NOT WRITE		
STILE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

413/06

Caytime Place #