

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 006 ***150.00

DOCUMENT # P99000104366

1. Entity Name

BOCA AIRCRAFT PARTNERS, INC.



Principal Place of Business

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

Mailing Address

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

900000111



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968783

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GREENBERG, HOWARD
STREET ADDRESS 2101 NORTHWEST 2ND AVE. SUITE 5
CITY - ST - ZIP BOCA RATON, FL 33431

TITLE VD
NAME HETIZ-OTTO, PEITGEN
STREET ADDRESS 19305 SABAL LAKE DRIVE
CITY - ST - ZIP BOCA RATON, FL 33434

TITLE TD
NAME ARONOW, RALPH
STREET ADDRESS 944 LAKESIDE BLVD
CITY - ST - ZIP BOCA RATON, FL 33432

TITLE SD
NAME DIAMANT, MICHAEL
STREET ADDRESS 20791 EAGLE CREEK COURT
CITY - ST - ZIP BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Greenberg 3/31/08 561-362-8019