


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90060 003 ***150.00

DOCUMENT # S26366			
1. Entity Name MRE OF BOCA, INC.			
Principal Place of Business 19050 FOX LANDING DRIVE BOCA RATON, FL 33434		Mailing Address 19050 FOX LANDING DRIVE BOCA RATON, FL 33434	
2. Principal Place of Business 4355 NW 112 AVENUE		3. Mailing Address 4355 NW 112 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33065	Country USA	Zip 33065	Country USA



04122004 Chg-P CR2E034 (10/03)

4. FEI Number 22-1757393	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDELMAN, MARJORIE 19050 FOX LANDING DRIVE BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name - KATHY PRICE - Street Address (P.O. Box Number is Not Acceptable) 4355 NW 112 AVENUE City CORAL SPRINGS FL Zip Code 33065	
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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 X Kathy Price
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE VP, ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDELMAN, MARJORIE D		NAME Price, Kathy	
STREET ADDRESS 19050 FOX LANDING DR		STREET ADDRESS 4355 NW 112th Ave.	
CITY-ST-ZIP BOCA RATON, FL 33434		CITY-ST-ZIP Coral Springs, FL. 33065	
TITLE VP	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRICE, KATHY		NAME Goldner, Jill	
STREET ADDRESS 4355 NW 112 AVENUE		STREET ADDRESS 190 Savage Drive	
CITY-ST-ZIP CORAL SPRINGS, FL 33065		CITY-ST-ZIP Holland, Pa. 18966	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDNER, JILL		NAME	
STREET ADDRESS 190 SAVAGE DRIVE		STREET ADDRESS	
CITY-ST-ZIP HOLLAND, PA 18966		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X Kathy Price Kathy Price VP, ST 4-13-04 954-753-4482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #