


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S26366  
 1. Entity Name  
 MRE OF BOCA, INC.



Principal Place of Business      Mailing Address  
 4355 NW 112 AVE                      4355 NW 112 AVE  
 CORAL SPRINGS, FL 33065          CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**



02032005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 22-1757393      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PRICE, KATHY  
 4355 NW 112 AVE  
 CORAL SPRINGS, FL 33065

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	PRICE, KATHY
STREET ADDRESS	4355 NW 112TH AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	P
NAME	GOLDNER, JILL
STREET ADDRESS	190 SAVAGE DRIVE
CITY-ST-ZIP	HOLLAND, PA 18966
TITLE	ST
NAME	GOLDNER, JILL
STREET ADDRESS	190 SAVAGE DRIVE
CITY-ST-ZIP	HOLLAND, PA 18966
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/22/05-80043-003 150.00

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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)(f), 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: Kathy Price      Kathy Price

2-12-05      954-753-4482

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