



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V18961 1. Entity Name V.F. BOCA TWO, INC.			
Principal Place of Business BROAD & CASSEL 7777 GLADES RD. #300 BOCA RATON, FL 33434		Mailing Address BROAD & CASSEL 7777 GLADES RD. #300 BOCA RATON, FL 33434	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01082004 Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0323878	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEUTCH, JEFFREY A. E 7777 GLADES RD. SUITE 300 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D POMERANTZ, ALICE 8600 DECARIE BLVD, SUITE 200 TOWN OF MOUNT ROYAL, QC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300028960893 02/18/04--01005--001 **5000.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD GATTINGER, FRANKLIN J. 8600 DECARIE BLVD., SUITE 200 TOWN OF MOUNT ROYAL, QC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV GATTINGER, FRANKLIN J. 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ESPOSITO, RAPHAEL JR 8600 DECARIE #200 MT ROYAL, QC, CANADA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ESPOSITO, RAPHAEL JR 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD POMERANTZ, TERRY 8600 DECARIE #200 MT ROYAL, QC, CANADA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOSD POMERANTZ, TERRY 8600 DECARIE BLVD, SUITE 200 MOUNT ROYAL, QC, CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMERANTZ, TERRY 8600 DECARIE #200 MT ROYAL, QC, CANADA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		R. Esposito 04.01.29 <small>Signature and Typed or Printed Name of Signing Officer or Director</small> <small>Date</small>	
		514-341-8600 <small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA