

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68432

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: BOCA MORTGAGE INC.

## Current Principal Place of Business:

1759 AVENIDA DEL SOL  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

## Current Mailing Address:

1759 AVENIDA DEL SOL  
BOCA RATON, FL 33432 US

## New Mailing Address:

FEI Number: 65-0367127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFF, JONATHAN  
1759 AVENDIA DEL SOL  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: WOLFF, JONATHAN,  
Address: 1759 AVENIDA DEL SOL  
City-St-Zip: BOCA RATON, FL

Title: VDT ( ) Delete  
Name: WOLFF, SHELIA  
Address: 1759 AVENIDA SEL SOL  
City-St-Zip: BOCA RATON, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: WOLFF, JONATHAN,  
Address: 1759 AVENIDA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: VDT (X) Change ( ) Addition  
Name: WOLFF, SHELIA  
Address: 1759 AVENIDA SEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Change (X) Addition  
Name: WOLFF, DARYL  
Address: 1759 AVENIDA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Change (X) Addition  
Name: WOLFF FERRIGNO, DANIELLE  
Address: 1759 AVENIDA DEL SOL  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN WOLFF

PDS

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date