


FILED
Feb 04, 2004 8:00 am
Secretary of State

64000100

DOCUMENT # H46158 1. Entity Name MAID FOR YOU OF BOCA RATON, INC.		 02-04-2004 90083 018 ***150.00	
Principal Place of Business C/O SHERRY O'NEILL 6060 AMBERWOODS DRIVE BOCA RATON FL 33433		Mailing Address C/O SHERRY O'NEILL 6060 AMBERWOODS DRIVE BOCA RATON FL 33433	
2. Principal Place of Business 7301 W. Palmetto Park Rd. Suite, Apt. #, etc. 202 B		3. Mailing Address 4756 S. Classical Blvd. Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Delray Beach, FL	
Zip 33433		Zip 33445	
Country USA		Country USA	
4. FEI Number 59-2497582		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 O'NEILL, SHERRY 6060 AMBERWOODS DRIVE BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name: Sherry O'Neill Street Address (P.O. Box Number is Not Acceptable): 4756 S. Classical Blvd. City: Delray Beach FL Zip Code: 33445	
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] (NOTE: Registered Agent signature required when reinstating) DATE: 1/30/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		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: PD NAME: O'NEILL, SHERRY STREET ADDRESS: 6060 AMBERWOODS DR. CITY-ST-ZIP: BOCA RATON FL		TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/30/04 (561) 392-7651 Date Daytime Phone #	