

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000018623

1. Entity Name
BOCA HOME IMPROVEMENT, INC.



Principal Place of Business
**11129 MODEL CIRCLE EAST
BOCA RATON, FL 33428**

Mailing Address
**11129 MODEL CIRCLE EAST
BOCA RATON, FL 33428**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0473449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COFRE, NESTOR
11129 MODEL CIRCLE EAST
BOCA RATON, FL 33428**

**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

Nestor R Cofre

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NESTOR COFRE
11129 MODEL CIRCLE E
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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0000000407326
02/08/06-80013-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Nestor R Cofre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #