2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Jan 22, 2007 8:00 am Secretary of State DOCUMENT # P97000018623 01-22-2007 90088 021 ***150.00 BOCA HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 40003130 11129 MODEL CIRCLE EAST 11129 MODEL CIRCLE EAST BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For -65-0473449-65-0732867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COFRE, NESTOR Street Address (P.O. Box Number is Not Acceptable) 11129 MODEL CIRCLE EAST BOCA RATON, FL 33428 Zło 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE itle if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITL F Change ☐ Addition **NESTOR COFRE** NAME NAME STREET ADDRESS 11129 MODEL CIRCLE E STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 ampowered.

NG OFFICER OR DIRECTOR

FILED

ATTACHMENT 40003756 #P970000186+3 STEVEN SERLE, P.A.

Attorneys and Counselors at Law

6070 North Federal Highway Boca Raton, Florida 33487

Telephone (561) 912-3500 Facsimile (561) 912-3590

November 5, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: NOTICE UNDER FICTITIOUS NAME LAW "MAID WITH CARE" NAME FILING

Dear Sir/Madam:

Enclosed is a copy of the registration for fictitious name for Maid With Care which was filed by your office on October 23, 2002.

We incorrectly listed the FEI number for the owner, Boca Home Improvements, Inc. The correct FEI number for Maid With Care is 65-0732867. Please advise if this letter is sufficient in order for the FEI number to be corrected. If this is not the case, please advise us of the procedure to correct the error.

Thank you for your assistance.

Very truly yours,

STEVEN SERLE, P.A.

BY:

Linda Foucher Legal Assistant

Enclosure

cc:

Nestor Cofre

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

1. MAID WITH CARE Fictitious Name to be Registered 2. 11129 Model Circle East Mailing Address of Business Boca Raton 3. County of Palm Beach 4. City of Boca Raton Florida 33428 Zip Code 5. FEI Number: 650473449

ATTACHMENT

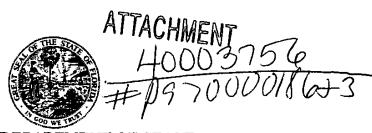


1	First	M.I.	2	First	M.I.	
Last	FIFSI	M.I.	Last	rust	M.I.	
Address			Address			
City SS#	State	Zip Code	City SS#	State	Zip Code	
Owner(s) of Fict	itious Name II	f Corporation(s) (use a	additional sheets if nec	essary):		
		Inc.	2			
Corporat 11129 Mode1	eName Circle East	:	Corpora	ate Name		
Addross	Address Boca Raton FL 33428			Address		
Boca Raton City	FL State	33428 Zip Code	City	State	Zip Code	
rporate Documer	it Number: P97	7-18623	Corporate Docu	ıment Number:		
El Number: 65-473449			FEI Number:			
El Number: 65	-4/3449		FELINUITION.			
Applied for we) the undersigned, b	□ Not Ap	he) party(ies) owning interest	☐ Applie	ed for certify that the inform	nation indicated on this for	
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☐ Certificate of Status — \$10

☐ Certified Copy — \$30

FILING FEE: \$50



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2002

MIAD WITH CARE 4520 NW 68TH ST COCONUT CREEK, FL 33073

Subject: MIAD WITH CARE

REGISTRATION NUMBER: G02150900095

This will acknowledge the filing of the above fictitious name registration which was registered on May 31, 2002. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Division of Corporations Letter No. 602A00035278

This is to state that I Sylvia Wilson, owner, president of Wilson Enterprises of Palm Dead G. D/B/A Maid with Care have sold my busines Maid with care to Neston a Ema Cofre with Full rights and my permission to the name Mail with Care. Sylvia Wilson 9/27/002