

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90088 021 \*\*\*150.00

**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

40003700



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007

Chg-P

CR2E034 (12/06)

4. FEI Number

~~65-0473449~~ 65-0732867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

*Nestor R Cofre*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

1/10/07

Date

561-212-9594

Daytime Phone #

ATTACHMENT 40003756

#P97000018623

STEVEN SERLE, P.A.

*Attorneys and Counselors at Law*

6070 North Federal Highway  
Boca Raton, Florida 33487

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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  
Linda Foucher  
Legal Assistant

Enclosure  
cc: Nestor Cofre

**APPLICATION FOR  
REGISTRATION OF FICTITIOUS NAME**

**ATTACHMENT**

**RECEIVED**

40003756

This space for office use only

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

**A. Owner(s) of Fictitious Name If Individual(s) (use additional sheets if necessary):**

- |  |  |
|--|--|
| 1. _____<br>Last First M.I.<br>_____<br>Address<br>_____<br>City State Zip Code<br>SS# _____ | 2. _____<br>Last First M.I.<br>_____<br>Address<br>_____<br>City State Zip Code<br>SS# _____ |
|--|--|

**B. Owner(s) of Fictitious Name If Corporation(s) (use additional sheets if necessary):**

- |  |   |
|--|---|
| 1. <u>Boca Home Improvement, Inc.</u><br>Corporate Name<br><u>11129 Model Circle East</u><br>Address<br><u>Boca Raton FL 33428</u><br>City State Zip Code<br>Corporate Document Number: <u>P97-18623</u><br>FEI Number: <u>65-473449</u><br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. _____<br>Corporate Name<br>_____<br>Address<br>_____<br>City State Zip Code<br>Corporate Document Number: _____<br>FEI Number: _____<br><input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|--|---|

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath (At Least One Signature Required)

<u>[Signature]</u> Signature of Owner Phone Number: _____	<u>October 17, 2002</u> Date Signature of Owner Phone Number: _____
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**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

_____ Signature of Owner	_____ Date	_____ Signature of Owner	_____ Date
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☐ Certificate of Status — \$10

☐ Certified Copy — \$30

**FILING FEE: \$50**



ATTACHMENT

40003756

#1970000186+3

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.

/jf  
Division of Corporations

Letter No. 602A00035278

This is to state that I, Sylvia Wilson, owner, president of Wilson Enterprises of Palm Beach Co. D/B/A Maid with Care have sold my business Maid with Care to Nestor & Ema CoFRE with full rights and my permission to the name Maid with Care.

Sylvia Wilson 9/27/002