


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90072 017 ***150.00

DOCUMENT # P02000061284

1. Entity Name
HOME SOLUTIONS NETWORK, INC.



Principal Place of Business
**1835 E. HALLANDALE BEACH BLVD
 SUITE 456
 HALLANDALE FL 33009**

Mailing Address
**20533 BISCAYNE BLVD SUITE 4-349
 AVENTURA FL 33180**

70014302



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
20533 Biscayne Blvd
 Suite, Apt. #, etc. **#4-349**

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Aventura, FL

City & State

4. FEI Number **55-0792485** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **33180** Country **Fla** Zip Country

6. Name and Address of Current Registered Agent

**HENDEL, KENNETH B
 20533 BUSCAYNE BLVD #4-349
 MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name **Ted Hendel**

Street Address (P.O. Box Number is Not Acceptable)
20533 Biscayne Blvd #4-349

City **Aventura** FL Zip Code **33180**

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 **Ted Hendel** (NOTE: Registered Agent signature required when reinstating)

DATE **2/1/2005**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HENDEL, TED	
STREET ADDRESS	19958 NE 5TH CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Ted Hendel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/1/2005** Daytime Phone #