

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 8:00 am
Secretary of State

08-19-2005 90007 045 ***158.75

DOCUMENT # P02000110881	
1. Entity Name HOME4U REALTY, INC.	

Principal Place of Business 4801 SOUTH UNIVERSITY DRIVE 229 DAVIE, FL 33328 US	Mailing Address 7212 SW 134 PLACE MIAMI, FL 33183
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50062383

2. Principal Place of Business 2209-B-N. COMMERCE PKWY	3. Mailing Address 2209-B-N. COMMERCE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

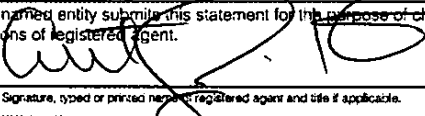
City & State WESTON, FL	City & State WESTON, FL
Zip 33320	Zip 33326
Country USA	Country USA



08112005 Chg-P CR2E034 (10/03)

4. FEI Number 41-2065399	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent DUQUE, NORA B 7212 SW 134 PLACE MIAMI, FL 33183	7. Name and Address of New Registered Agent Name CURTIS J. HERBERT Street Address (P.O. Box Number is Not Acceptable) GONZALEZ AND HERBERT P.A. 2225 N. COMMERCE PARKWAY SUITE 8 City WESTON FL Zip Code 33326
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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  DATE 8/16/05
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☒ Delete	TITLE D	☐ Change ☒ Addition
NAME DUQUE, NORA B		NAME MARCELIANO MACIAS	
STREET ADDRESS 7212 SW 134 PLACE		STREET ADDRESS 2209 B N. COMMERCE PARKWAY	
CITY-ST-ZIP MIAMI, FL 33183		CITY-ST-ZIP WESTON FL 33326	
TITLE	☐ Delete	TITLE D	☐ Change ☒ Addition
NAME		NAME PETER BALOGH	
STREET ADDRESS		STREET ADDRESS 2209 B N. COMMERCE PARKWAY	
CITY-ST-ZIP		CITY-ST-ZIP WESTON FL 33326	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  Marceliano Macias	Date 8/11/05 Daytime Phone # 954-539-2004