

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 16, 2004
Secretary of State**

DOCUMENT# N03000008604

Entity Name: HOMES OF RESTORATION, INC.

Current Principal Place of Business:

20503 SW 86TH CT.
MIAMI, FL 33189

New Principal Place of Business:

6835 SW 45 LANE #9
MIAMI, FL 33155

Current Mailing Address:

20503 SW 86TH CT.
MIAMI, FL 33189

New Mailing Address:

FEI Number: 20-0340979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, ANA D
20503 SW 86TH CT.
MIAMI, FL 33189

Name and Address of New Registered Agent:

VARGAS, ANA D
6835 SW 45 LANE #9
MIAMI, FL 33155

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.

SIGNATURE:

07/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGAS, ANA D
Address: 20503 SW 86TH CT.
City-St-Zip: MIAMI, FL 33189

Title: V () Delete
Name: NOEL, LEONOR
Address: 6415 COW PEN RD. #L107
City-St-Zip: MIAMI LAKES, FL 33014

Title: S () Delete
Name: PRINCE, ELEANOR
Address: 1431 NW 175TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: GOMEZ, JOSEPH A
Address: 9701 SW 159TH CT.
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: BOLONOS, GINA
Address: 20440 SW 114TH PL.
City-St-Zip: MIAMI, FL 33189

Title: D (X) Delete
Name: CRITTENDEN, CLIFF
Address: 20503 SW 86TH CT.
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SALMI, LETICIA
Address: 10034 SW 127 CT.
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: BOLONOS, GINA
Address: 20440 SW 114TH PL.
City-St-Zip: MIAMI, FL 33189

Title: D (X) Change () Addition
Name: CRITTENDEN, CLIFF
Address: 20503 SW 86TH CT.
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LETICIA SALMI

S

07/16/2004

Electronic Signature of Signing Officer or Director

Date