

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2005  
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:**

**Current Mailing Address:**

6835 SW 45 LANE #9  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 20-0340979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: SALMI, LETICIA  
Address: 10034 SW 127 CT.  
City-St-Zip: MIAMI, FL 33186

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

Title: D      ( ) 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: V      (X) Change ( ) Addition  
Name: NOEL, LENORE  
Address: 6415 COW PEN RD. #L107  
City-St-Zip: MIAMI, FL 33014

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

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

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: ANA VARGAS

MS.

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date