

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

Electronic Signature of Signing Officer or Director

MS.

05/02/2005

Date