## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 441099** 

DOYLES TOWN, PA 18301

City-St-Zip:

FILED Feb 16, 2009 Secretary of State

Entity Nai	me: TONY'S H	HOMES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RAFAEL M.D. 84TH PLACE 33143					
Current Mailing Address:			New Maili	New Mailing Address:		
	RAFAEL M.D. 84TH PLACE 33143					
FEI Number:	: 59-1539857	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
VERA, SO 8290 SW 9 MIAMI, FL	90 ST 33185 US	submits this statement for the p	urpose of changing it	s reaistered (	office or registered agent, or both,	
	e of Florida.		arpees er enamging i		omes or regions, or beau,	
SIGNATU						
	Electron	ic Signature of Registered Age	nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () INFANTE, RAFA 7201 S.W. 84TH MIAMI, FL 3314	H PLACE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address:	S () RAFAEL, INFAN 4834 MEAD DR		Title: Name: Address:	S (X RAFAEL, INFA 4834 MFAD DI		

City-St-Zip: DOYLESTOWN, PA 18902

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL INFANTE JR. MR. 02/16/2009