


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 485784 1. Entity Name CANTON OF HOMESTEAD, INC.	
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Principal Place of Business 1657 N E 8TH STREET HOMESTEAD, FL 33033-4603	Mailing Address 1657 N E 8TH STREET HOMESTEAD, FL 33033-4603
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHOY, HON KONG 1657 N.E. 8TH STREET HOMESTEAD, FL 33030	DO NOT WRITE IN THIS SPACE
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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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE <u>3-11-04</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHOY, HON KONG 30107 S.W. 148TH PLACE LEISURE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHOY, CINDY 30107 S.W. 148TH PLACE LEISURE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/15/04-80066-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>3-11-04</u>	DAYTIME PHONE # <u>(305) 245-7391</u>
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