


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90369 006 ****50.00

DOCUMENT # L02000012195	
1. Entity Name HOMECENTRAL, LLC	

Principal Place of Business 2250 NW 96 AVE 202 MIAMI, FL 33172	Mailing Address 2250 NW 96 AVE 202 MIAMI, FL 33172
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2. Principal Place of Business 10800 NW 21st Street	3. Mailing Address Same
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33172	Country Dade

14010100



04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3064525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
ESPARZA, JOSE J 2250 NW 96 AVE #202 MIAMI, FL 33172	

7. Name and Address of Now Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 10800 NW 21st Street Unit 200	
City MIAMI	FL Zip Code 33172

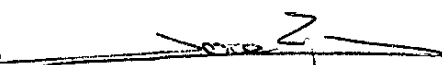
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESPARZA, JOSE J 2250 NW 96 AVE., STE 202 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOSE J. ESPARZA 10800 NW 21st Street Unit 200 MIAMI FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/28/05 305-599-3393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #