


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # L80661 1. Entity Name HOMES 2000 REAL ESTATE, INC.	
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Principal Place of Business 2717 SW 64TH AVE MIRAMAR, FL 33023-3933	Mailing Address 2717 SW 64TH AVE MIRAMAR, FL 33023-3933
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0200382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAMSAY, FAY
1271 NW 179 ST
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature: Use only printed name of registered agent and file if applicable. (NOTE: Registered Agent signature not required when filing this report.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP RAMSAY, FAY 1271 NW 179 STREET MIAMI, FL
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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)(f), 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: Fay Ramsay **Fay Ramsay** **2/16/05** **(954)983-0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-to Phone #