2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

Mar 29, 2004 8:00 am Secretary of State DOCUMENT # P0000006386 1. Entity Name 03-29-2004 90032 022 ***150.00 BEAUTIFUL HOMES, INC. Mailing Address Principal Place of Business 22606 SW 6TH STREET 22606 SW 6TH STREET **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0975807 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIETRO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 22606 SW 6TH STREET **BOCA RATON FL 33433** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Delete TITLE Change ☐ Addition TITLE VIETRO, MICHAEL NAME NAME STREET ADDRESS 22606 SW 6TH STREET STREET ADDRESS CITY - ST - ZIP **BOCA RATON FL 33433** CITY-ST-ZIP **VPSD** ☐ Addition TITLE ☐ Delete TITLE VIETRO, ISABEL NAME 22606 SW 6TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 surpliemental 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

E OF SIGNING OFFICER OR DIRECTOR

FILED