


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000028467</b>	
1. Entity Name 1 2 3 HOME LOANS, INC.	

Principal Place of Business 10850 SW 113TH PLACE SUITE 120 MIAMI, FL 33176	Mailing Address 10850 SW 113TH PLACE SUITE 120 MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0993137	Applied For Not Applicable
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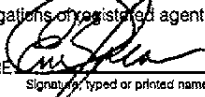
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPARRO, EVA I  
10850 SW 113TH PLACE  
SUITE #120  
MIAMI, FL 33176

**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: 04-30-04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHAPARRO, EVA I 10850 SW 113TH PLACE #120 MIAMI, FL 33176
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05/04/04-80048-016 150.00

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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:  EVA I. Chaparro DATE: 04-30-04 (805) 273-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #