

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90331 001 ***150.00

04-29-2005 90331 002 *****8.75

DOCUMENT # P00000035178 1. Entity Name 436 CORPORATION OF HOMESTEAD, INC.					
Principal Place of Business 436 SOUTH KROME AVENUE HOMESTEAD, FL 33030			Mailing Address 436 SOUTH KROME AVENUE HOMESTEAD, FL 33030		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04222005 Chg-P CR2E034 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name <u>LISETT ZAVENTOS</u>	
CONTESSA, PAUL N 436 SOUTH KROME AVENUE HOMESTEAD, FL 33030				Street Address (P.O. Box Number is Not Acceptable) <u>1061 SAN PEDRO AVE</u>	
City <u>CORAL GABLES</u>				State <u>FL</u>	
Zip Code <u>33136</u>				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 <u>LISETT ZAVENTOS</u> DATE <u>4-26-05</u>				Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	
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		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S LAWRENCE, VALERIE 436 S KROME AVE. HOMESTEAD, FL 33030 <input checked="" type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P RAVENTOS, LISETT 1061 SAN PEDRO AVE. CORAL GABLES, FL 33136 <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		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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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: <u>LISETT ZAVENTOS</u> Date <u>4-26-05</u> Daytime Phone # <u>305 242-3037</u>					