


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90482 017 ***150.00

DOCUMENT # P0000035178
 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

50017884



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04272006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAVENTOS, LISETT
 1061 SAN PEDRO AVE.
 CORAL GABLES, FL 33156
*436 SOUTH KROME AVE.
 HOMESTEAD, FL 33030*

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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, the registered agent.

SIGNATURE  DATE

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	RAVENTOS, LISETT
STREET ADDRESS	1061 SAN PEDRO AVE. <i>436 S. KROME AVE</i>
CITY-ST-ZIP	CORAL GABLES, FL-33156- <i>HOMESTEAD, FL 33030</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4-17-06**

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