2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P01000009064

Entity Name: CITY HOME IMPROVEMENTS, INC.

Current Principal Place of Business:

10615 SW 136 STREET
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560923
MIAMI, FL 332560923 US

New Mailing Address:

FEI Number: 65-1076736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, BERNARDA
15310 SW 113 TERRACE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SUAREZ, ODALYS
Address: 10615 SW 136 STREET.
City-St-Zip: MIAMI, FL 33176 US

Title: VD ( ) Delete
Name: SUAREZ, JOSE
Address: 10615 SW 136 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: SD ( ) Delete
Name: GARCIA, BERNARDA
Address: 15310 SW 113 TERRACE
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODALYS SUAREZ PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date