


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 003 ***150.00

DOCUMENT # P01000010051 1. Entity Name HOMES & POOLS REALTY SERVICES, INC.					
Principal Place of Business 1801 CORAL WAY #202 MIAMI, FL 33145 US			Mailing Address 1801 CORAL WAY 2929 SW 3 Ave #210 44051040 #202 Miami - FL 33129 MIAMI, FL 33145 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07142004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-1070331	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAVARRO, RENE 1801 CORAL WAY 2929 SW 3 Ave #210 #202 MIAMI, FL 33145 33129			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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME RODRIGUEZ, SANTIAGO STREET ADDRESS 1801 CORAL WAY #202 2929 SW 3 Ave #210 CITY-ST-ZIP MIAMI, FL 33145 29	PLEASE NOTE NEW ADDRESS THANKS				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP 					
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					