2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-25-2005 90244 023 ***150.00 **DOCUMENT # P01000040636** YILLIAM HOME INC. **82622003** Principal Place of Business Mailing Address 13888 SW 18TH TERRACE 13888 SW 18TH TERRACE MIAMJ, FL 33175 MIAMI, FL 33175 CR2E034 (10/03) 03312005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1096487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BALAQUER, EULALIA DO NOT WRITE **13888 SW 18TH TERRACE** MIAMI, FL 33175 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 SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE BALAQURE, EULALIA NAME 13888 SW 18TH TER. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 VΡ TITLE BALAGUER, JUAN H NAME 13888 SW 18TH TER STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 S -YILLIAM, MORENO -MAME STREET ADDRESS 13888 SW 18TH TER DO NOT WRITE MIAMI, FL 33175 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CHY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/22/08

Daytime Phone #

FILED

Apr 25, 2005 8:00 am Secretary of State