FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90350 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000041199

1. Entity Name
HOME EXPRESSIONS, INC.

11036709

Principal Place of Business	Mailing Address
1800 WEST 49TH ST #332 HIALEAH, FL 33012	1800 WEST 49TH ST #332 HIALEAH, FL 33012

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1800 West 49th St	19978 PRESIDENTS CUP TERR.
Suite, Apt. #, etc. #220	Suite, Apt. #, etc.
City & State Hialeah Florida	City & State ASHBURN - VA
Zip 33012 Country	Zip 20147 Country

4. FEI Number 65-1105597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, MARLA SUE
1800 West 49th St #220
Hialeah, FL 33012

7. Name and Address of New Registered Agent

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 [signature] 4/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, MARLA SUE 21411 DEEPWOODS TERR #401 ASHBURN, VA 20148	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	19978 PRESIDENTS CUP TERRACE ASHBURN - VA 20147	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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] 4/14/03 (703) 858-4906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #