

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000066438

1. Entity Name
HOMESTEAD CALLING CENTER, CORP.



Principal Place of Business
**232 WASHINGTON AVENUE
HOMESTEAD, FL 33030**

Mailing Address
**232 WASHINGTON AVENUE
HOMESTEAD, FL 33030**



DO NOT WRITE IN THIS SPACE

05042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1118059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

**ZOLARTE, AMALFY
11786 SW 99 LANE
MIAMI, FL 33186**

**DO NOT WRITE
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 the obligations of registered agent

SIGNATURE _____

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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

TITLE	PD
NAME	ZOLARTE, AMALFY
STREET ADDRESS	232 WASHINGTON AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030

TITLE	
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05/09/05-80017-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

AMALFY ZOLARTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/05

Date

Daytime Phone #