

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90083 029 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 11786 SW 99 LN		3. Mailing Address 11786 SW 99 LN	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country 		Country 	
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	
6. Name and Address of Current Registered Agent ZOLARTE, AMALFY 11786 SW 99 LANE MIAMI, FL 33186 <i>[Signature]</i>		7. Name and Address of New Registered Agent Name Zolarte, Amalfy Street Address (P.O. Box Number is Not Acceptable) 11786 SW 99 LN City Miami FL Zip Code 33186	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME ZOLARTE, AMALFY	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Zolarte, Amalfy
STREET ADDRESS 232 WASHINGTON AVENUE	CITY-ST-ZIP HOMESTEAD, FL 33030	STREET ADDRESS 11786 SW 99 LN	CITY-ST-ZIP Miami, FL 33186
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			