

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90018 026 ***150.00

DOCUMENT # P02000003558

1. Entity Name
INTEGRATED HOME SOLUTIONS, INC.



Principal Place of Business
**5235 NW 102ND AVE
CORAL SPRINGS, FL 33076**

Mailing Address
**5235 NW 102ND AVE
CORAL SPRINGS, FL 33076**



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0036459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAWSON, JOSEPH
633 SE THIRD AVE, STE 4F
FT LAUDERDALE, FL 33301**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANBERTT, JOHN
STREET ADDRESS	5235 NW 102ND AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	VD
NAME	PENATE, LUIS
STREET ADDRESS	5235 NW 102ND AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	KLINER, REECE
STREET ADDRESS	5235 N.W. 102 AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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

2-4-04 (84) 227-2270
Date Daytime Phone #