


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000059843 1. Entity Name HOMINMIO, INC.	
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Principal Place of Business 2527 SOUTHWEST 177TH AVENUE MIRAMAR, FL 33029	Mailing Address 2527 SOUTHWEST 177TH AVENUE MIRAMAR, FL 33029
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DO NOT WRITE IN THIS SPACE



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0708603	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

**AMATO, JAVIER
2527 SW 177TH AVE
MIRAMAR, FL 33029**

**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 _____ (NOTE: Registered Agent signature required when reappointing)

U00000155163
05/05/04-80026-004 155.00


FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AMATO, JAVIER C 2527 SOUTHWEST 177TH AVENUE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AMATO, AMARILIS K 2527 SOUTHWEST 177TH AVENUE MIRAMAR, FL 33029
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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:  **JAVIER C. AMATO** **5/3/04** **754423123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #