


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90102 018 \*\*\*150.00

<b>DOCUMENT # P02000075146</b>	
1. Entity Name <b>COTARELO HOMES, INC.</b>	

Principal Place of Business <b>112 BURRELL CIR. KISSIMMEE FL 34746 US</b>	Mailing Address <b>112 BURRELL CIR. KISSIMMEE FL 34746 US</b>
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2. Principal Place of Business <b>1795 Tanglewood DR.</b>	3. Mailing Address <b>1795 Tanglewood DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State <b>Kissimmee FL</b>	City & State <b>FL Kissimmee FL</b>
Zip <b>34746</b>	Country <b>USA</b>
Zip <b>34746</b>	Country <b>USA</b>

4. FEI Number <b>47-0883416</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>COTARELO, EDUARDO 1317 S.W. 76 COURT MIAMI FL 33144</b>
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7. Name and Address of New Registered Agent Name <b>Eduardo Cotarelo (Same Agent)</b> Street Address (P.O. Box Number is Not Acceptable) <b>1795 Tanglewood DR</b> City <b>Kissimmee</b> - <b>FL</b> Zip Code <b>34746</b>
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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
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTARELO, EDUARDO 1317 SW 76 COURT MIAMI FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSC COTARELO, GLORIA 1317 SW 76 COURT MIAMI FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Eduardo Cotarelo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1795 Tanglewood DR.</b> <b>Kissimmee FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gloria Cotarelo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1795 Tanglewood DR.</b> <b>Kissimmee FL 34746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	<b>Eduardo Cotarelo</b>	Date <b>4-26-05 (407) 348-0389</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #