


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000096109 1. Entity Name E & R HOME INVESTMENTS, INC.		
Principal Place of Business 7175 S.W. 8 ST., STE. 207 MIAMI, FL 33144		Mailing Address 7175 S.W. 8 ST., STE. 207 MIAMI, FL 33144
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAMIREZ, EVELIO JR. 7175 S.W. 8 ST., STE. 207 MIAMI, FL 33144		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		U000000115060 04/16/04-800009-007 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	RAMIREZ, EVELIO	
STREET ADDRESS	7105 S.W. 8 ST., STE. 208	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Evelio Ramirez Jr</u> 4/13/04 (307) 300 5122 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deafline Phone #</small>		