


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90363 040 \*\*\*150.00

<b>DOCUMENT # P02000114325</b>	
1. Entity Name <b>BETTER HOUSE HOLDING, INC.</b>	

Principal Place of Business <b>316 NW 55TH COURT MIAMI, FL 33126</b>	Mailing Address <b>316 NW 55TH COURT MIAMI, FL 33126</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GOENAGA, EMILIA C 316 NW 56 COURT MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name: <b>Goenaga, Emilia C</b> Street Address (P.O. Box Number is Not Acceptable) <b>316 NW 55 Court</b> City <b>Miami,</b> <b>FL</b> Zip Code <b>33126</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  **Emilia C. Goenaga** **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GOENAGA, EMILIA C</b> <b>316 NW 56 COURT</b> <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Goenaga, Emilia C.</b> <b>316 NW 55 Court</b> <b>Miami, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RIVERO, LAZARO</b> <b>316 NW 56 COURT</b> <b>MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rivero, Lazaro</b> <b>316 NW 55 Court</b> <b>Miami, FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GOENAGA, ROILAN</b> <b>316 NW 56 COURT</b> <b>MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **Emilia C. Goenaga** **4/28/04** **(305) 264-3515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #