2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State
06-15-2005 90096 035 ***150.00

DOCUMENT # P02000122825

1. Entity Name
THE HOME X-CHANGE COMPANY

Principal Place of Business	Mailing Address
1840 WEST 49TH ST. SUITE 220-10 HIALEAH, FL 33012 US	944 SAVANNAH FALLS DRIVE WESTON, FL 33327 US

06062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8320 W. SUNRISE BLVD	944 SAVANNAH FALLS DR
Suite, Apt. #, etc. SUITE 207	Suite, Apt. #, etc.
City & State PLANTATION, FL	City & State WESTON, FL
Zip 33322 Country USA	Zip 33327 Country USA

4. FEI Number 42-1561123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVY, ANDREW 944 SAVANNAH FALLS DRIVE WESTON, FL 33327	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEVY, ANDREW PRES 944 SAVANNAH FALLS DR. WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/DIRECTOR SHIMON MAZAR 1000 NW 107th AV PLANTATION, FL 33322	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #