FILED
Jul 10, 2006 8:00 am
Secretary of State
06-20-2006 90011 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # P02000123034

1. Entity Name

Home Projects XXI, Inc.

DO NOT WRITE IN THIS SPACE

66021471

2. Principal Place of Business	3. Mailing Address
31 Live Oak Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta, FL	City & State
Zip: 33469-2724 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1660176 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pinto, Julio

Street Address (P.O. Box Number is Not Acceptable): 920 Sanctuary Cove Dr.

City: Palm Beach Gardens FL Zip Code: 33410

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.

SIGNATURE: J. Pinto

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Ovalle, Gloria	NAME	
STREET ADDRESS	31 Live Oak Circle	STREET ADDRESS	
CITY - ST - ZIP	Tequesta, FL 33469-2734	CITY - ST - ZIP	
TITLE	VP	TITLE	
NAME	Pinto, Julio	NAME	
STREET ADDRESS	920 Sanctuary Cove Dr.	STREET ADDRESS	
CITY - ST - ZIP	Palm Beach Gardens, FL 33410	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	Pinto, Julio Cesar	NAME	
STREET ADDRESS	31 Live Oak Circle	STREET ADDRESS	
CITY - ST - ZIP	Tequesta, FL 33469-2734	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: President 04/27/06

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

STF FL32381F.1