


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000135640</b> 1. Entity Name C.Y. HOME MANAGEMENT, INC.	
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Principal Place of Business 3456 WEST 84 ST. UNIT F106 MIAMI LAKES, FL 33018 US	Mailing Address 3456 WEST 84 ST. UNIT F106 MIAMI LAKES, FL 33018 US
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**DO NOT WRITE IN THIS SPACE**

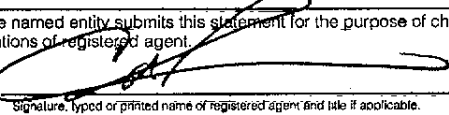


01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2072740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DE LA ROSA, CHARLES S 9143 NW 146 TERRACE MIAMI LAKES, FL 33018	<b>DO NOT WRITE IN THIS SPACE</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.

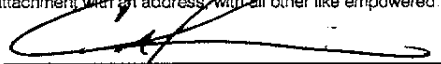
SIGNATURE:  Charles S. de la Rosa 01/24/05  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	U00000203373 01/29/05-80027-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA ROSA, CHARLES S 9143 NW 146 TERRACE MIAMI LAKES, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TENA, YURAI 9143 NW 146 TERRACE MIAMI LAKES, FL 33018
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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:  Charles S. de la Rosa P. 01/24/05 786 6214528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #