


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91061 024 ***150.00

DOCUMENT # P03000002119					
1. Entity Name HOMESTEAD LAND PARTNERS, INC.					
Principal Place of Business % HUGO E. DORTA, ESQUIRE 801 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131			Mailing Address % HUGO E. DORTA, ESQUIRE 801 BRICKELL AVENUE, SUITE 905 MIAMI, FL 33131		
2. Principal Place of Business 1221 Brickell Avenue			3. Mailing Address same as #2		
Suite, Apt. #, etc. 2650			Suite, Apt. #, etc.		
City & State Miami, FL			City & State		
Zip 33131		Country USA		Zip	
				Country	
4. FEI Number 59-3763363				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DORTA, HUGO E 801 BRICKELL AVENUE SUITE 905 MIAMI, FL 33131			Name Hugo E. Dorta		
			Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue		
			Suite Suite 2650		
			City Miami		
			FL		
			Zip Code 33131		
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 _____				DATE 4/27/04	
Signature, typed or printed name of registered agent and fee if applicable. (If new Registered Agent signature required when re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME DORTA, HUGO E		<input type="checkbox"/> Delete		
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 905			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33131					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				DATE 4/27/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

94082041



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