

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90032 029 \*\*\*150.00

<b>DOCUMENT # P03000014126</b>																									
<b>1. Entity Name</b> A PEACEFUL HOME, INC.																									
<b>Principal Place of Business</b> 1851 SW 142 AVE MIAMI FL 33175			<b>Mailing Address</b> 1851 SW 142 AVE MIAMI FL 33175																						
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.																							
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 82-0585224																					
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																					
<b>6. Name and Address of Current Registered Agent</b>  SOTO, VANESSA 1851 SW 142 AVE MIAMI FL 33175			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																						
<b>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.</b>																									
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;"><b>DATE</b> _____</span>																									
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.																						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																						
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<b>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.</b>																									
<b>SIGNATURE:</b> <u>Vanessa Soto</u> <span style="float: right;"><u>3/9/04</u></span>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date <span style="margin-left: 50px;">Daytime Phone #</span></span>																									