

FILED
Mar 22, 2004 8:00 am
Secretary of State

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DOCUMENT # P03000016473		Secretary of State	
1. Entity Name HOMMA-PRIETO INVESTMENTS GROUP INC.		03-22-2004 90063 037 ***158.75	
Principal Place of Business 14232 SW 30 STREET MIAMI, FL 33175		Mailing Address 14232 SW 30 STREET MIAMI, FL 33175	
2. Principal Place of Business 4110 22nd Ave NE		3. Mailing Address 4110 22nd Ave NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34120		Zip 34120	
Country Collier		Country Collier	
6. Name and Address of Current Registered Agent PRIETO, MARIA T 14232 SW 30 STREET MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Prieto, Maria Teresa Street Address (P.O. Box Number is Not Acceptable) 4110 22nd ave. NE City Naples FL 34120	
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 <i>[Signature]</i> DATE 3-22-2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 TITLE DPS <input type="checkbox"/> Delete NAME PRIETO, MARIA T STREET ADDRESS 14232 SW 30 STREET CITY-ST-ZIP MIAMI, FL 33175		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Prieto, Maria T STREET ADDRESS 4110 22nd Ave NE CITY-ST-ZIP Naples, FL 34120	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: Maria Teresa Prieto DATE 3-22-2004 DAYTIME PHONE 239-253-8518 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			