2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023111

Entity Name: HOMEXPERTS, INC.

FILED Aug 20, 2004 Secretary of State

Current Principal Place of Business: 10700 N. KENDALL DRIVE, SUITE 401 MIAMI, FL 33176			New Princ	New Principal Place of Business:	
Current Mailing Address:			New Maili	New Mailing Address:	
10700 N. K MIAMI, FL	ENDALL DRIVE 33176	E, SUITE 401			
FEI Number:	57-1153068	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
VILLENA, ROBERT 11767 SW 93 TERR MIAMI, FL 33176 US 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.					
SIGNATUR					
	Electronic	Signature of Registered Agen	t	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E IRAOLA, MANUEI 812 ALFONSO A' CORAL GABLES	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () E VILLENA, JOSE A 9081 SW 124 ST MIAMI, FL 33176	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () E VILLENA, MARIO 7501 SW 82 COU MIAMI, FL 33143	JRT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KENNEDY, WILL	LL DRIVE, SUITE 401	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSTD () E VILENA, ROBER 11767 SW 93 TE MIAMI, FL 33186	RR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition VILLENA, JOSE A SR. 9205 SW 32 STREET MIAMI, FL 33165	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VILLENA VSTD 08/20/2004