2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90207 045 ***150.00

DOCUMENT # P03000023111

1. Entity Name
HOMEXPERTS, INC.

20008980

Principal Place of Business	Mailing Address
10700 N. KENDALL DRIVE, SUITE 401 MIAMI, FL 33176	10700 N. KENDALL DRIVE, SUITE 401 MIAMI, FL 33176

04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1153068
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VILLENA, ROBERT
11767 SW 93 TERR
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS SEE ATTACHED

TITLE	PD
NAME	IRAOLA, MANUEL J
STREET ADDRESS	812 ALFONSO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	VILLENA, JOSE A
STREET ADDRESS	9081 SW 124 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VPD
NAME	VILLENA, MARIO A
STREET ADDRESS	7501 SW 82 COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VPD
NAME	KENNEDY, WILLIAM P
STREET ADDRESS	19427 SW65 ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33332
TITLE	VSTD
NAME	VILENA, ROBERT A
STREET ADDRESS	11767 SW 93 TERR
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	VILLENA, JOSE A SR.
STREET ADDRESS	9205 SW 32 STREET
CITY-ST-ZIP	MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Villena ROBERT VILLENA 4/9/07 305-351-8641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #