2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT												
DOCUMENT # P03000024218 1. Entity Name HOMENET.COM, INC.								= 3				
P&JEXPRESS, INC.						THE .		04 MA	Y 10 1	개 4: [7	
Principal Place 5783 SOUTH SUITE 101 MIAMI, FL 33	e of Busines: IWEST 40TH	s	Mailing Address 5783 SOUTHWEST 40TH STREET SUITE 101 MIAMI, FL 33155					SECRET MALLAH	TARY OF ASSEE.	F STATE FLORID	A.	
2. Principal Pl 7540 Suite, Apt.	5.W.		3. Malling Address 7540 S.W. 31 STRET Suite, Apt. #, etc.						00000			
City & State MI QMI FI			City & State MIOMI . FL				05052004 4. FEI Numbe	Chg-P 			plied For	
Zip Country 33/55 U.S.A.		Zip Count		ntry S.A.		F	of Status Desired	_	8.75 Addi	itional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.						Name Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145												
(305) 854-5005						City FL Zip Code						
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 NOWIL FEE \$150.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution.							.00 May Be ed to Fees	In accordance v	with s. 607. not receive	193(2)(b), F the prior n	F.S., the lotice.	
10.		OFFICERS AND I		11.				CHANGES TO OFF	ICERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, PRUDENCIO 5783 SOUTHWEST 40TH STREET				LE ME REET ADORESS Y-ST-ZIP	754	nnette t HV 5.W	Hernandez 315T		☐ Change	Addition	
TITLE	IVIIZAVII, I	<u></u>	☐ Delete	TITL		MIL	ami, Fl 3	19733		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		a.			vie Ieet address Y-ST-Zip		,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				05/	700035 10/04010	 5 82 5 02010	<u> </u>	l	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Delete		Į.					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<u> </u>	☐ Delete	- 1						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,		Change	Addition	
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR PRINTE												