
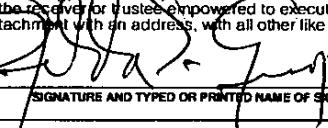


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90001 033 ***158.75

DOCUMENT # P03000026188 1. Entity Name SPECIAL HOMES, CORP.					
Principal Place of Business 9291 SW 85 ST MIAMI, FL 33173			Mailing Address 9291 SW 85 ST MIAMI, FL 33173		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ARROYO, GILDA I 9291 SW 85 ST MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST	NAME ARROYO, GILDA I		<input type="checkbox"/> Delete		
STREET ADDRESS 9291 SW 85 ST	CITY-ST-ZIP MIAMI, FL 33173		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME CASTELLANO, OCTAVIO		<input type="checkbox"/> Delete		
STREET ADDRESS 9980 SW 62 ST	CITY-ST-ZIP MIAMI, FL 33173		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ---	NAME ---		<input type="checkbox"/> Delete		
STREET ADDRESS ---	CITY-ST-ZIP ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ---	NAME ---		<input type="checkbox"/> Delete		
STREET ADDRESS ---	CITY-ST-ZIP ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ---	NAME ---		<input type="checkbox"/> Delete		
STREET ADDRESS ---	CITY-ST-ZIP ---		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 for 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: 			Gilda I. Arroyo		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			January 5, 2005 (305)274-2923 <small>Date Daytime Phone #</small>		