

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2004 90088 025 ***158.75

DOCUMENT # P03000034004					
1. Entity Name HOME CHOICE REALTY, INC.					
Principal Place of Business 7432 SOUTHWEST 164TH COURT MIAMI, FL 33193			Mailing Address 7432 SOUTHWEST 164TH COURT MIAMI, FL 33193		
2. Principal Place of Business 10651 N Kendall Dr.		3. Mailing Address 10651 N Kendall Dr.			
Suite, Apt. #, etc. Suite # 219		Suite, Apt. #, etc. Suite # 219			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33176-1545		Zip 33176-1545			
Country U.S.A		Country U.S.A		02242004 Chg-P CR2E034 (10/03)	
4. FEI Number 11-3683793				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ILLOA, MARIASANTOS 7432 SOUTHWEST 164TH COURT MIAMI, FL 33193	
7. Name and Address of New Registered Agent Name Illoa, Mariasantos Street Address (P.O. Box Number is Not Acceptable) 10651 N Kendall Dr. Suite# 219 City Miami FL Zip Code 33176-1545				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 _____ DATE _____ <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ULLOA, MARIASANTOS 7432 SOUTHWEST 164TH COURT MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TD Ulloa, MariaSantos 10651 N Kendall Dr. Suite #219 MIAMI, FL 33176-1545	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ulloa, Orlando 10651 N Kendall Dr. Suite#219 Miami, FL 33176-1545	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ULLOA, IVAN 10651 N Kendall Dr. Suite#219 Miami, FL 33176-1545	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME 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 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: <i>Mariasantos Ulloa</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-19-04(305)271-9898 Date Daytime Phone #		