2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036264

Entity Name: HOMEDEAL INC

Address:

City-St-Zip:

HOLLYWOOD, FL 33019 US

FILED May 03, 2004 Secretary of State

Littly Nai	III. HOMEDEA	L IIVO.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	IS STREET DOD, FL 33019	US	6092 NW 75 WAY POMPANO, FL 33067	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	IS STREET DOD, FL 33019	US	6092 NW 75 WAY POMPANO, FL 33067	US	
FEI Number:	: 45-0508744	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CARLOZZI, ANTONELLA F 5023 PALMBROOK CIRCLE WEST PALM BEACH, FL 33417 US			939 ADAMS STREET	CARLOZZI, ANTONELLA F 939 ADAMS STREET HOLLYWOOD, FL 33019 US	
The above in the State	named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			05/03/2004	
	Electronic	Signature of Registered Age	ent	Date	
	•	2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () C CARLOZZI, ANTO 939 ADAMS STRI HOLLYWOOD, FI	EET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () C ALLEGIANIS, CHI 9836 LAGO DRIV BOYNTON BEACI	RISTOPHER E	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TREA () C CARLOZZI, ANTO 939 ADAMS STRI HOLLYWOOD, FI	EET	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	SECR () C CARLOZZI, ANTO 939 ADAMS STRI		Title: (Name: Address:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANTONELLA CARLOZZI Ρ 05/03/2004