## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000048085** 1. Entity Name 03-29-2004 90068 040 \*\*\*150.00 FINE HOMES CORP. Principal Place of Business Mailing Address 6528 SW 129 AV 6528 SW 129 AV MIAMI, FL 33183 MIAMI, FL 33183 3. Mailing Address 14303 Scw 39 ST 2. Principal Place of Business 14303 Suite, Apt. #, etc. 03222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Miami MiA 0567449 Country 05 Not Applicable Country S.A Zip Zip \$8.75 Additional 5. Certificate of Status Desired 33175 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, LEONEL 6528 SW 129 AV Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33183 City Zip Code FL 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 # (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition FEENINGEZ LEONEL FERNANDEZ, LEONEL NAME NAME 14303 500 39 57 6528 SW 129 AVE STREET ADDRESS STREET ADDRESS MIA R 33175 CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE **™** Change Addition CERNANCEZ MARGARITA E FERNANDEZ, MARGARITA E NAME NAME 14303 Sa 39 ST STREET ADDRESS 6528 SW 129 AVE STREET ADDRESS MIA FL 33183 CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-7IP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 AND TYPED OR PRINTED NAM

FILED