

## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000064809 1. Entity Name PROPERTY HOME INVESTMENTS, INC.

**FILED** Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1841 SW 93RD CT. MIAMI, FL 33165

Mailing Address

1841 SW 93RD CT. MIAMI, FL 33165



01142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 57-1188448

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAVIRIA, JORGE 9769 S. DIXIE HWY NO. 101 MIAMI EL 33156

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Marketing 12 00100						
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						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMERO, CLODO 1841 SW 93RD CT. MIAMI, FL 33165			14000000000000000000000000000000000000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000837782 03/05/08-80005-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE					•	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

NAME STREET ADDRESS CITY-ST-ZIP

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-480-5770

Daytime Phone #