

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90155 004 ***150.00

DOCUMENT # P03000070968

1. Entity Name
HOMEXCELLENCE, INC.



Principal Place of Business
**8180 NW 36TH STREET
 SUITE 416
 MIAMI, FL 33166**

Mailing Address
**8180 NW 36TH STREET
 SUITE 416
 MIAMI, FL 33166**

14020097



2. Principal Place of Business
12302 SW 131 Avenue

3. Mailing Address
12302 SW 131 Avenue

Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

Zip
33186

Country
USA

Zip
33186

Country
USA

4. FEI Number
54-2116522

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAZES, RICARDO
8180 NW 36TH STREET
SUITE 416
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name
Ricardo Cazes

Street Address (P.O. Box Number is Not Acceptable)

12302 Sw 131 Avenue

City
Miami

State
FL

Zip Code
33186

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

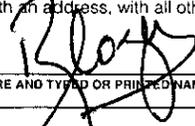
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CANO, GIOVANNI	
STREET ADDRESS	8180 NW 36TH STREET SUITE 416	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHACIN, ALBERTO	
STREET ADDRESS	8180 NW 36TH STREET SUITE 416	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERASETO, REINALDO	
STREET ADDRESS	8180 NW 36TH STREET SUITE 416	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAZES, RICARDO	
STREET ADDRESS	8180 NW 36TH STREET SUITE 416	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cano, Giovanni	
STREET ADDRESS	12302 SW 131 Avenue	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chacin, Alberto	
STREET ADDRESS	12302 SW 131 Avenue	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cereseto, Reinaldo	
STREET ADDRESS	12302 SW 131 Avenue	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cazes, Ricardo	
STREET ADDRESS	12302 Sw 131 Avenue	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE: **4/30/04** DAYTIME PHONE #: **305 278 1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR