


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90323 034 \*\*\*150.00

DOCUMENT # P03000070968					
1. Entity Name <b>HOMEXCELLENCE, INC.</b>					
Principal Place of Business 5335 NW 106 CT MIAMI, FL 33178			Mailing Address 5335 NW 106 CT MIAMI, FL 33178		
2. Principal Place of Business <u>5335 NW 106 CT.</u>		3. Mailing Address <u>5335 NW 106 CT.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Doral, FL.</u>		City & State <u>Doral, FL.</u>		4. FEI Number <b>54-2116522</b>	
Zip <u>33178</u>		Country <u>U.S.A.</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CERESETO, REINALDO</b> 4019 SANDERLING LN WESTON, FL 33331		7. Name and Address of New Registered Agent Name <u>Cereseto, Reinaldo</u> Street Address (P.O. Box Number is Not Acceptable) <u>5335 NW 106 CT.</u> City <u>Doral</u> <b>FL</b> Zip Code <u>33178</u>			
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 <u>Reinaldo Cereseto</u> <u>04/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACIN, ALBERTO 5335 NW 106 CT MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERSETO, REINALDO 5335 NW 106 CT MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAZES, RICARDO 5335 NW 106 CT MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHACIN, ALBERTO 5335 NW 106 CT. Doral, FL. 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERSETO, Reinaldo 5335 NW 106 CT. Doral, FL. 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAZES, Ricardo 5335 NW 106 CT. Doral, FL. 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 exemptions contained in Chapter 119, 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: <u>Reinaldo Cereseto</u> <u>04/12/06</u> <u>(305) 790-1922</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Reinaldo Cereseto