


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P03000083733</b>   |   |   |  |  |  |
| <b>1. Entity Name</b><br>HOME MORTGAGE & REAL ESTATE INVESTMENTS, CORP.  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>9835 SW 72ND STREET, #210<br>MIAMI, FL 33173   |   |   | <b>Mailing Address</b><br>POST OFFICE BOX 830183-0183<br>MIAMI, FL 33283   |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | <b>4. FEI Number</b><br>13-4259620  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ALVARADO, FRANK<br>9835 SW 72ND STREET, #210<br>MIAMI, FL 33173  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |  |
| FL   |   |   | Zip Code   |   |  |
| <b>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.</b>   |   |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |   |   |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |   |   |  |   |  |
| DATE _____   |   |   |  |   |  |
| <b>Amended AR is \$61.25</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   |  |   |  |
| <b>TITLE</b><br>P  | <b>NAME</b><br>DE LA TORRE, MIGUEL <input checked="" type="checkbox"/> Delete |   |  |   |  |
| <b>STREET ADDRESS</b><br>9835 SW 72 STREET SUITE 210   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33173   |   |  |   |  |
| <b>TITLE</b><br>S/T  | <b>NAME</b><br>ALVARADO, FRANK <input type="checkbox"/> Delete                |   |  |   |  |
| <b>STREET ADDRESS</b><br>9835 SW 72 STREET SUITE 210   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33173   |   |  |   |  |
| <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Delete                                |   |  |   |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>  |   |  |   |  |
| <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Delete                                |   |  |   |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>  |   |  |   |  |
| <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Delete                                |   |  |   |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>  |   |  |   |  |
| <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Delete                                |   |  |   |  |
| <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>  |   |  |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| 800057315518   |   |   |  |   |  |
| 07/12/05--01010--010 **61.25   |   |   |  |   |  |
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |   |  |
| P/S/T ALVARADO, FRANK  |   |   |  |   |  |
| 9835 SW 72 ST #210   |   |   |  |   |  |
| MIAMI FL 33173   |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |   |  |   |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> <i>Francisco J. Alvarado</i>   |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |  |   |  |
| Date: 6-23-2005  |   |   |  |   |  |
| Daytime Phone #  |   |   |  |   |  |

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TALLAHASSEE, FL



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