

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000137645**

1. Entity Name  
**THE AMERICAS HOME GROUP, INC.**



Principal Place of Business  
**4103 SPARROW COURT  
LUTZ, FL 33549**

Mailing Address  
**4103 SPARROW COURT  
LUTZ, FL 33549**



03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2421140</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MATOS, ERIC E  
4103 SPARROW COURT  
LUTZ, FL 33549**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MATOS, ERIC E
STREET ADDRESS	4103 SPARROW COURT
CITY - ST - ZIP	LUTZ, FL 33549

TITLE	STD
NAME	MATOS, MARGARITA
STREET ADDRESS	4103 SPARROW COURT
CITY - ST - ZIP	LUTZ, FL 33549

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/22/07-80024-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 or authorized 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, title or other like empowered.

**SIGNATURE:**

*ERIC E. MATOS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/9/07 (813) 963-7489*  
Date Daytime Phone #