2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041669

Title:

Name:

Address:

City-St-Zip:

FILED Feb 08, 2005 Secretary of State

Entity Na	me: HOMETE	EX, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
2890 GRIFFIN ROAD STE 5 FORT LAUDERDALE, FL				5111 NW 108 AVE SUNRISE, FL 33351		US		
Current Mailing Address:				New Mailing Address:				
2890 GRIFFIN ROAD STE 5 FORT LAUDERDALE, FL				5111 NW 108 AVE SUNRISE, FL 33351 US				
FEI Number	: 20-0784299	FEI Number Applied For () FEI Nur	mber Not App	licable ()	Certificate o	of Status Desired	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1776 PINE	N, HAROLD I EISLAND ROA ION, FL 33322	D STE 118						
	e named entity e of Florida.	submits this statement for	the purpose c	of changing i	ts registere	d office or regi	stered agent, o	or both,
SIGNATUI	RE:							
Electronic Signature of Registered Agent				Date				
Election Ca	mpaign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITION	IS/CHANGI	S TO OFFICI	ERS AND DIR	ECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address:	OMARA, MICH 2890 GRIFFIN FORT LAUDER	ROAD STE 5 DALE, FL) Delete EL B		Title: Name: Address: City-St-Zip: Title: Name: Address:	D OMARA, MIG 5111 NW 10 SUNRISE, F D ROLLER, D 5111 NW 10	08 AVE °L 33351 US (X) Change()/ ANIEL B		
City-St-Zip: Title: Name: Address: City-St-Zip:	FORT LAUDER D (BRODZKI, HAF 2890 GRIFFIN FORT LAUDER) Delete RVEY ROAD STE 5		City-St-Zip: Title: Name: Address: City-St-Zip:	D BRODZKI, F 5111 NW 10		Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HARVEY BRODZKI D 02/08/2005

(X) Delete

OMARA, HILDEGARD

2890 GRIFFIN ROAD STE 5

FORT LAUDERDALE, FL

() Change () Addition