


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 002 ***150.00

DOCUMENT # P04000047758	
1. Entry Name COMFORT HOMES SOLUTIONS, INC.	

Principal Place of Business 5951 CURRY FORD ROAD, #106 ORLANDO, FL 32822	Mailing Address 5951 CURRY FORD ROAD, #106 ORLANDO, FL 32822
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40038249



2. Principal Place of Business - No P.O. Box # 1138 NARCISSUS LN Suite, Apt. #, etc.	3. Mailing Address 1138 NARCISSUS LN Suite, Apt. #, etc.
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32825	Country USA

03062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0891786	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIVAS, GUSTAVO 5951 CURRY FORD ROAD, #106 ORLANDO, FL 32822	7. Name and Address of New Registered Agent Name RIVAS, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 1138 NARCISSUS LN City ORLANDO FL Zip Code 32825
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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.

GUSTAVO RIVAS, PRES

(NOTE: Registered Agent signature required when reinstating)

3-13-07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS RIVAS, GUSTAVO 5951 CURRY FORD ROAD, #106 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1138 NARCISSUS LN ORLANDO FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO RIVAS, PRES

3-13-07

Date

Daytime Phone #