


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048173		
1. Entity Name HOME MORTGAGE REAL ESTATE CENTER CORP.		

Principal Place of Business 9365 FONTAINBLUE BLVD #E-106 MIAMI, FL 33172	Mailing Address 9365 FONTAINBLUE BLVD #E-106 MIAMI, FL 33172
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2. Principal Place of Business 275 Fontainebleau Blvd Suite, Apt. #, etc. #247 City & State Miami Zip 33172	3. Mailing Address 275 Fontainebleau Blvd Suite, Apt. #, etc. #247 City & State Miami Zip 33172	Country Dase
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6. Name and Address of Current Registered Agent MOREJON, YAMILET 9365 FONTAINBLUE BLVD #E-106 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Yamilet Morejon Street Address (P.O. Box Number is Not Acceptable) 275 Fontainebleau Blvd. #247 City Miami FL Zip Code 33172	
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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: *Yamilet Morejon* DATE: 01/06/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREJON, YAMILET 9365 FONTAINBLUE BLVD #E-106 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Yamilet Morejon 275 Fontainebleau Blvd #247 Miami FL 33172 <input 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300044384683 01/10/05--01010--002 **158.75 <input 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
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

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.

SIGNATURE: *Yamilet Morejon* DATE: 01/04/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05 JAN 10 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 Chg-P CR2E034 (10/03) 05

4. FEI Number 650905013 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required