

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000060652

1. Entity Name
HOME PRO CREW INC.



Principal Place of Business
6837 SW 39TH TERR
MIAMI, FL 33155

Mailing Address
6837 SW 39TH TERR
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09012005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0997089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHAGARRUGA, JOSE
6837 SW 39TH TERR
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
A. Elizabeth Goings, Esq.
Street Address (P.O. Box Number is Not Acceptable)
A. Elizabeth Goings, P.A.
4726 Alton Road
City
Miami Beach FL 33140

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 upon reinstating)

DATE

9/13/05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
ECHAGARRUGA, JOSE
6837 SW 39TH TERR
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Vice President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Director
Jose Martinez
3532 S.W. 15th Street
Miami, Florida 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer/Director
Jorge Perez
3530 S.W. 15th Street
Miami, Florida 33145 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900059770969
09/20/05--01010--006 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jesiel Barcia/Director
1555 N.W. 25th Avenue #1
Miami, Florida 33125 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/05

Date

3055864797

Daytime Phone #

FILED
05 OCT 11 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

