
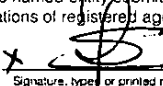


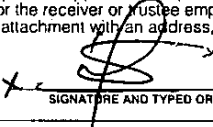
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90025 047 ***150.00

DOCUMENT # P04000094531 1. Entity Name BETTER QUALITY HOMES, INC.																					
Principal Place of Business 7800 W 8TH AVE HIALEAH, FL 33014			Mailing Address 7800 W 8TH AVE HIALEAH, FL 33014																		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																		
4. FEI Number 20-1428861			Applied For <input type="checkbox"/> Not Applicable																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																		
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px;"> ABREU, ILIANA M 7800 W 8TH AVE HIALEAH, FL 33014 </div>			7. Name and Address of New Registered Agent Name Sara Padron Street Address (P.O. Box Number is Not Acceptable) 18768 S.W. 47 St. City Miramar FL Zip Code 33029																		
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  DATE 4/5/05 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
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"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PS ABREU, ILIANA M <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7800 W 8TH AVE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HIALEAH, FL 33014</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	PS ABREU, ILIANA M <input checked="" type="checkbox"/> Delete	NAME	7800 W 8TH AVE	STREET ADDRESS	HIALEAH, FL 33014	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PS sara Padron <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>18768 S.W. 47 St</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miramar FL 33029</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	PS sara Padron <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	18768 S.W. 47 St	STREET ADDRESS	Miramar FL 33029	CITY-ST-ZIP	
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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**

4/5/05 (786) 367-3755
Date Daytime Phone #