


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90017 040 \*\*\*158.75

<b>DOCUMENT # P04000103609</b> 1. Entity Name <b>HOMESTEAD GENERAL SERVICE INC</b>			
Principal Place of Business <b>252 WASHINGTON AVENUE HOMESTEAD, FL 33030</b>		Mailing Address <b>252 WASHINGTON AVENUE HOMESTEAD, FL 33030</b>	
2. Principal Place of Business <b>236 N krome ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>236 N krome ave</b> Suite, Apt. #, etc.	
City & State <b>Homestead, Fl</b> Zip Country <b>33030</b>		City & State <b>Homestead, Fl</b> Zip Country <b>33030</b>	
4. FEI Number <b>56-2470660</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SOTO, MIRIELLA 252 WASHINGTON AVENUE HOMESTEAD, FL 33030</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>SOTO, MIRIELLA</b> <b>252 WASHINGTON AVENUE</b> <b>HOMESTEAD, FL 33030</b> <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.			
<b>SIGNATURE: <u>Miriella Soto</u> PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/2/06</b> <small>Date Daytime Phone #</small>	