

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-02-2005 90521 028 ***150.00

DOCUMENT # P04000117843			
1. Entity Name M.C.A. HOMES, INC.			
Principal Place of Business 676 W PROSPECT RD FT LAUDERDALE, FL 33309		Mailing Address 676 W PROSPECT RD FT LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 201494145		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRANA, ANGELO 676 W PROSPECT RD FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEB IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ANGELO TERRANA ☐ Delete P. 676 W-Prospect Rd ft. lauderdale, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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)(f), 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 file 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 a written order, with all other like empowered.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-28-05 954 Daytime Phone # 524-6064	

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