2005 FOR PROFIT CORPORATION ANNUAL REPORT

2005 FOR PROFIT CORPORATION ANNUAL REPORT								FILED Apr 20, 2005 8:00 am						
DOCUMENT # P04000120365 1. Entity Name FUTURE HOME INVESTMENTS, INC.								Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90330 008 ***150.00						
Principal Place of Business				Mailing Address										
3425 FILLMORE ST HOLLYWOOD, FL 33021			-	3425 FILLMORE ST HOLLYWOOD, FL 33021				əvu397 <u>43</u> .						
1000,12 33021				110221110005]12 93027				 	H 41 811 1 1811		111 1619 1631)	10189 1419 84161 14	IUTT 11. 1881	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01272005	Ch	g-P	CR2E	034 (10/03)		
City & State			. (City & State				4. FEI Numb	519	162		<u> </u>	pplied For	
Zip	Country			Zip Cour							₾0.7E			
6. Name and Address of Current I				Registered Agent			7. Name and Address of New Registered Agent							
VALDES, VIVIAN 3425 FILLMORE ST HOLLYWOOD, FL 33021						Name Street Address (P.O. Box Number is Not Acceptable)								
		City				· · · -		· · · · · ·	F	Zip Cod	e .			
	named entitions of regis		nt for the p	urpose of changing its I	register	ed office or i	registere	ed agent, or bo	oth, in the	State of FI	orida. I an	a familiar with,	and accept	
SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Output Date														
		FEE IS \$150.00 5 Fee will be \$5		Election Campaign Trust Fund Contr				00 May Be ed to Fees						
10.		OFFICERS /	AND DIREC	TORS	11.		:	ADDITIONS	/CHANG	ES TO OF	ICERS AN	ID DIRECTOR	S IN 11	
TITLE	DP VALDES, VIVIAN			☐ Delete TITU								☐ Change	☐ Addition	
name Street address :	· · · · · · · · · · · · · · · · · · ·			STRE										
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY										
TITLE	D			☐ Delete TITI			D	da sameti	A 4A			Change	Addition	
NAME STREET ADDRESS	VALDES, SILVA 3425 FILLMORE ST			NAM STRI			BILVA WILLIAM BASS FILLMONE ST. HOLLY WWD. FL 33021							
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TITLE	111			☐ Delete	TITL		• 1	15.			• • •	. Change	. Addition	
NAME STREET ADDRESS					NAM STRI	E ET ADDRESS								
CITY-ST-ZIP					1	-ST-ZIP								
of the cor	poration or t	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 otherwise empowered.												

786-262-0715