

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 026 ***150.00

DOCUMENT # P04000121082

1. Entity Name
PHOENIX HOME SOLUTIONS, INC



Principal Place of Business
2008 LOCUST BERRY DR
KISSIMMEE, FL 34743

Mailing Address
2008 LOCUST BERRY DR
KISSIMMEE, FL 34743

50000101



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3070 Michigan Ave

Suite, Apt. #, etc.

A

City & State

Kissimmee

Zip

34744

Country

OSCEOLA

3. Mailing Address

3070 Michigan Ave

Suite, Apt. #, etc.

A

City & State

Kissimmee Florida

Zip

34744

Country

OSCEOLA

4. FEI Number

20-1516656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, CIRO C
2008 LOCUST BERRY DR
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3070 Michigan Ave

City

Kissimmee

FL

Zip Code

34744

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/10/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANDRADE, CIRO C
STREET ADDRESS 2009 LILY POND CT
CITY-ST-ZIP KISSIMMEE, FL 34743

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

DATE

321-624-7532

Daytime Phone #