


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90036 010 ***158.75

| | | | |
|---|--|--|---|
| DOCUMENT # P04000161550 1. Entity Name HOME FABRICS INC. | |  | |
| Principal Place of Business 1401 FLORIDA AVE MALL ORLANDO FL 32809 | | Mailing Address 1401 FLORIDA AVE MALL ORLANDO FL 32809 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 98405 Suite, Apt. #, etc. | |
| City & State LAS VEGAS NV | | 4. FEI Number 20-1871352 | |
| Zip 89193-8405 | | Country FL | |
| 6. Name and Address of Current Registered Agent KATZ, BRIAN 1401 FLORIDA AVE MALL ORLANDO FL 32809 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 <u><i>Norman Katz</i></u> DATE _____ <small>Signature, typed 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 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | D KATZ, BRIAN PO BOX 26507 98405 LAS VEGAS NV 89126 89193-8405 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, MARCIA PO BOX 26507 98405 LAS VEGAS NV 89126 89193-8405 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KATZ, NORMAN PO BOX 26507 98405 LAS VEGAS NV 89126 89193-8405 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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:

Norman Katz CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2005 (702)222-9435
Date Daytime Phone #