

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161550

Entity Name: HOME FABRICS INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

1401 FLORIDA AVE MALL
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

PO BOX 98405
LAS VEGAS, NV 891938405

New Mailing Address:

FEI Number: 20-1871352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, BRIAN
1401 FLORIDA AVE MALL
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATZ, BRIAN
Address: PO BOX 98405
City-St-Zip: LAS VEGAS, NV 89193

Title: D () Delete
Name: KATZ, MARCIA
Address: PO BOX 98405
City-St-Zip: LAS VEGAS, NV 89193

Title: D () Delete
Name: KATZ, NORMAN
Address: PO BOX 98405
City-St-Zip: LAS VEGAS, NV 89193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN KATZ

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

Date