## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## May 30, 2006 8:00 am Secretary of State **DOCUMENT # P05000108707** 04-28-2006 90185 031 \*\*\*158.75 1. Entity Name HOMELAND INVESTORS, INC. Principal Place of Business Mailing Address 2460 NW 33RD\_ST 2460 NW 33RD ST 66017558 MIAML/FL 33142 MIAMI, FL ,28142 2. Principal Place of Business 3. Mailing Address 1137 NW + SAME Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (11/05) 05252006 Chg-P Applied For City & State City & State 4. FEI Number - 3264056 MIAMI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WONG, YUSILIN Street Address (P.O. Box Number is No) Acceptable) 7220 SW 23 ST MIAMI, FL 33155 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-10. 11. Addition TITLE VICE-PRES. Delete TITLE ☐ Change WONG, YUSILIN NAME NAME STREET ADDRESS 7220 SW 23 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP U Delete Change ☐ Addition TITLE TITLE MARTINEZ, LIZBETH NAME NAME STREET ADDRESS 2460 NW 33RD ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP TITLE Delete MLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete ☐ Chance Addition NAME MALFE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 attactment with an address yith all other fike empowered.

FILED

## **ATTACHMENT**

#P01000108707

Os per telephone
conversation on 5/24
D 4:00pm with
Examiner Rep. Send in Annual Report
with Taix ID written.
You have ckthood
for \$154.77 in
your possession.