2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # P05000108707 1. Entity Name				03-05-2007 90037 022 ***150.00
HOMELA	ND INVESTORS, INC.			
Principal Plac	e of Business	Mailing Address		
1137 NW 31	ST	1137 NW 31 ST		
MIAMI, FL 3		MIAMI, FL 33127		
 				J ROBINSON HIK STEIN BANK BONK DONN BOURT (TON BOTTI IBIN FOR I SORIA PARIST) II 1901
Principal Place of Business - No P.O. Box # 3. Mailing Address			,	
Suite, Apt. #, etc. Apt. #, etc			0 /	03012007 Chg-P CR2E034 (12/06)
City & Stat	an along	City & State	OP	4. FEI Number Applied For 20-3264056 Not Applicable
Zip	Country	Zip O	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
Namo				
WONG, YUSILIN JCSUS M. WONG				
7220 SW 23 ST MIAMI, FL 33155 Street Address (P.O. Box Number is Not.				ess (P.O. Box Number is Not Acceptable)
IVIIAIVII, FL	33 133			
			City	114mi\ FL 33127
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 old agent he wagen t				
SIGNATURE (Suralu Coes / X 3/1/0)				
Signative typed or printed name of registered agent and title if application. (NOTE: Registered agent algorithms required when reinstating) OATE				
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSTV	Delete	TITLE	PSTV DChange Deddition
NAME	WONG, YUSILIN		NAME 1	wong, Jesus M.
STREET ADDRESS CITY-ST-ZIP	7220 SW 23 ST MIAMI, FL 33155		STREET ADDRESS	137 NW 31 JT.
·	MIAMI, FL 33133			Miami FL 33128
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addilion
NAME		LLS Delete	NAME	Change C Addition
STREET ADDRESS	}		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	j
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		. Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 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.