

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

DOCUMENT# P05000117022

**FILED**  
**Mar 17, 2006**  
**Secretary of State**

**Entity Name:** HOMESAFE HANDYMAN SERVICES, INC.

**Current Principal Place of Business:**

830 EAST 1ST AVENUE  
HIALEAH, FL 33010

**New Principal Place of Business:**

1990 NE 163RD STREET  
SUITE 203  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

830 EAST 1ST AVENUE  
HIALEAH, FL 33010

**New Mailing Address:**

1990 NE 163RD STREET  
SUITE 203  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 20-3350758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERY LOPEZ, P.A.  
830 EAST 1ST AVENUE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

MERY LOPEZ, P.A.  
1990 NE 163RD STREET  
SUITE 203  
NORTH MIAMI BEACH, FL 33162 US

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: MERY LOPEZ

03/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, JIMMY  
Address: 830 EAST 1ST AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: VPD ( ) Delete  
Name: LOPEZ, EUSEBIO  
Address: 830 EAST 1ST AVENUE  
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOPEZ, JIMMY  
Address: 1990 NE 163RD STREET, SUITE 203  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VPD (X) Change ( ) Addition  
Name: LOPEZ, EUSEBIO  
Address: 1990 NE 163RD STREET, SUITE 203  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMY LOPEZ

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date