

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125734

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: FINE TOUCH HOME SERVICES, INC

**Current Principal Place of Business:**

5208 NW 15 STREET  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

5208 NW 15 STREET  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-3463118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUEDA, CESAR  
845 TWIN LAKES DRIVE BLDG 30  
CORAL SPRINGS, FL 33071 US

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

RUEDA, CESAR  
7650 WESTWOOD DR  
513  
TAMARAC, FL 33321 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: CESAR RUEDA      04/12/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALVAREZ, JUAN F  
Address: 5208 NW 15 STREET  
City-St-Zip: MARGATE, FL 33063

Title: V ( ) Delete  
Name: ANGELO, ARBOLEDA  
Address: 5208 NW 15 STREET  
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete  
Name: HERNAN, ZAPATA  
Address: 5208 NW 15 STREET  
City-St-Zip: MARGATE, FL 33063

**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 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: JUAN F ALVAREZ      P      04/12/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date