

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127325

FILED
Aug 28, 2009
Secretary of State

Entity Name: TOTAL HOME REALTY SERVICES, INC.

Current Principal Place of Business:

8725 NW 18 TERRACE
SUITE 217
DORAL, FL 33172

New Principal Place of Business:

2655 LE JEUNE ROAD
SUITE 523
CORAL GABLES, FL 33134

Current Mailing Address:

8725 NW 18 TERRACE
SUITE 217
DORAL, FL 33172

New Mailing Address:

2655 LE JEUNE ROAD
SUITE 523
CORAL GABLES, FL 33134

FEI Number: 20-3509592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRERA, IVET
8725 NW 18 TERRACE
SUITE 217
DORAL, FL 33172 US

Name and Address of New Registered Agent:

BARRERA MUSA, YVETTE
2655 LE JEUNE ROAD
SUITE 523
CORAL GABLES, FL 33134 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: YVETTE BARRERA MUSA

08/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, NORA B
Address: 919 SW 10 ST.
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: CABEZAS, LAZARO M
Address: 11072 SW 65TH ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, NORA B
Address: 1047 VENETIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: NORA GONZALRZ

P

08/28/2009

Electronic Signature of Signing Officer or Director

Date