2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056031

Entity Name: F.L. HOME REPAIR GROUP, INC

FILED Jun 06, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4201 WEST FLAGLER ST, SUITE 202 2379 NW 184TH TER

MIAMI, FL 33134 PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

4201 WEST FLAGLER ST, SUITE 202 2379 NW 184TH TER

MIAMI, FL 33134 PEMBROKE PINES, FL 33029 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

MARTINEZ, ROLANDO PADILLA, GILBERTO R 4201 WEST FLAGLER ST, SUITE 202 2379 NW 184TH TER

MIAMI, FL 33134 US PEMBROKE PINES, FL 33029 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: GILBERTO R. PADILLA 06/06/2008

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: PD () Delete Title: PD (X) Change () Addition

Name:MARTINEZ, ROLANDOName:PADILLA, GILBERTO RAddress:4201 WEST FLAGLER ST, SUITE 202Address:2379 NW 184TH TER

City-St-Zip: MIAMI, FL 33134 City-St-Zip: PEMBROKE PINES, FL 33029

Title: VT () Delete Title: () Change () Addition

 Name:
 GONZALEZ, CARLOS J
 Name:

 Address:
 4201 W FLAGLER ST STE 202
 Address:

 City-St-Zip:
 MIAMI, FL 33134
 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: GILBERTO R. PADILLA PD 06/06/2008