2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000122160

Entity Name: HOME IMAGE CORPORATION

Current Principal Place of Business:

7220 NW 36 STREET
SUITE # 602
MIAMI, FL 33166 US

New Principal Place of Business:

7220 NW 36 STREET
SUITE 602
MIAMI, FL 33166 US

Current Mailing Address:

7220 NW 36 STREET
SUITE # 602
MIAMI, FL 33166 US

New Mailing Address:

7220 NW 36 STREET
SUITE 602
MIAMI, FL 33166 US

FEI Number: 20-5598637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CZETYRKO, CLAUDIA
7660 SW 83 COURT
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMIREZ, RICHARD
Address: 7220 NW 36 STREET, SUITE 602
City-St-Zip: MIAMI, FL 33166 US

Title: D ( ) Delete
Name: RAMIREZ, PAULA A
Address: 7220 NW 36 STREET, SUITE 602
City-St-Zip: MIAMI, FL 33166 US

Title: D ( ) Delete
Name: RAMIREZ, HECTOR
Address: 7220 NW 36 STREET, SUITE 602
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RAMIREZ-LASSO, HECTOR
Address: 7220 NW 36 STREET, SUITE 602
City-St-Zip: MIAMI, FL 33166 US

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: HECTOR RAMIREZ-LASSO D 04/30/2009

Electronic Signature of Signing Officer or Director Date