## 2007 FOR PROFIT CORPORATION

## Mar 21, 2007 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P06000138300 03-21-2007 90043 006 \*\*\*150.00 1. Entity Name HOME SOLUTIONS MORTGAGE COMPANY Principal Place of Business Mailing Address 5320 S.W. 153 COURT MIAM! FL 33185 5320 S.W. 153 COURT MIAMI FL 33185 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2260 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, ANDRES Street Address (P.O. Box Number is Not Acceptable) -7001-WEST 35 AVENUE 168 HIALEAH GARDENS FL 33018 City Zip Code 8. The above named entity submits the s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen SIGNATURE \_< ne of registered agent and title it applicable. (NOTE: Registered Agent signatura required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HITE DITE Change ☐ Addition Delete RUIZ, RENE R NAME NAME 13749 S.W. 26 STREET STREET ADORESS STREET ADDRESS MIRAMAR FL 33127 CHY ST-ZIP CHY ST ZIP Delete Addition RIVERO, PEDRO P NAMI: 5320 S.W. 153 COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33185 CITY - ST-7IP CITY ST 7IP TITLE Delete . Chanat ☐ Addition THEF DIAZ, ANDRES NAME NAMI 7001 WEST 35 AVENUE, #168 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS FL 33018 CITY ST-ZIP CITY ST ZIP THE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Change Addition HITE Delete NAMi NAME STREET ADDRESS STREET ADDRESS CHY-ST-7tP CITY SI 7/P TITLE ☐ Change ☐ Addition RUE Defete NAME NAME STREET ADDRESS STREET ADDRESS.

**FILED** 

indicated on this report or supplemental report/s true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY ST 7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

CHY ST-ZIP