

2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Sep 03, 2008 8:00 am
Secretary of State

08-07-2008 90063 029 ***300.00

DOCUMENT # P07000126796 1. Entity Name MY FAMILY HOME, CORP.					
Principal Place of Business 550 S.W. 69 AVENUE MIAMI, FL 33144			Mailing Address 550 S.W. 69 AVENUE MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City		State		Zip	
6. Name and Address of Current Registered Agent ESTEVEZ, GONZALO 7160 S.W. 6TH STREET MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 11-3828779	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
SIGNATURE: <u>Gonzalo Estevez</u> GONZALO ESTEVEZ <u>7/25/08</u> Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 Due by: September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ESTEVEZ, GONZALO 550 S.W. 69 AVENUE MIAMI, FL 33144		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gonzalo Estevez</u> PRES <u>7/25/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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