

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:27

|   |  |                           |   |  |  |
|---|--|---------------------------|---|--|--|
| <b>DOCUMENT # P93000006905</b>  |  |                           |   |  |  |
| <b>1. Entity Name</b><br>HOMESTEAD PLAZA, INC.  |  |                           |   |  |  |
| <b>Principal Place of Business</b><br>3870 LEAFY WAY<br>COCONUT GROVE, FL 33133   |  |                           | <b>Mailing Address</b><br>P. O. BOX 144294<br>CORAL GABLES, FL 33134  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b> |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.       |   |  |  |
| City & State  |  | City & State              |   | <b>4. FEI Number</b><br>65-0392926   |  |
| Zip   |  | Zip                       |   | Country  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HARRISON, JOHN C JR<br>3870 LEAFY WAY<br>COCONUT GROVE, FL 33133  |  |                           |   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City |  |
| <b>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.</b>  |  |                           |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |                           |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  |                           | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HARRISON, JOHN C JR<br>3870 LEAFY WAY<br>COCONUT GROVE, FL 33133 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>MONTGOMERY, MARIE J<br>3870 LEAFY WAY<br>COCONUT GROVE, FL 33133  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |  |                           |   |  |  |
| <b>SIGNATURE:</b> _____   |  |                           | 3/13/08 (305) 216-3919  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                           | Date Daytime Phone #  |  |  |