

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90090 045 ***150.00

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03062005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000008246 1. Entity Name ADVANCED HOUSING CORP.			
Principal Place of Business 1101 BRICKELL AVE STE 402B MIAMI, FL 33131		Mailing Address P.O. BOX 279 KEY BISCAVNE, FL 33149 US	
2. Principal Place of Business 250 Catalonia Ave. Suite, Apt. #, etc. Suite 606		3. Mailing Address Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State	
Zip 33134	Country USA	Zip	Country
4. FEI Number 65-0396841		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMEIER, BARRY S 1000 MARINER DR. KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Catalonia Ave. Suite 606 City Coral Gables FL Zip Code 33134	
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. SIGNATURE _____ DATE 3/7/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOLDMEIER, BARRY S 1000 MARINER DR. KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Goldmeier Barry S. 250 Catalonia Ave. Suite 606 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/7/05 DAYTIME PHONE # 305-461-2330	