

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000093283

1. Entity Name
HOME CONSTRUCTION INVESTMENT CORPORATION



Principal Place of Business
18425 NW 2ND AVENUE
SUITE 350
MIAMI, FL 33169 US

Mailing Address
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON, FL 33431



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON, FL 33431

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000046384
02/11/04-80100-014 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME DUPREY, LAWRENCE A
STREET ADDRESS 29 ST. VINCENT ST
CITY-ST-ZIP PORT OF SPAIN, TR

TITLE VP
NAME FIFI, MICHAEL A
STREET ADDRESS #1 BERGERAC HEIGHTS
CITY-ST-ZIP MARAVAL, TR

TITLE S
NAME DUPREY, LAWRENCE A
STREET ADDRESS 29 ST VINCENT ST
CITY-ST-ZIP PORT OF SPAIN, TR

TITLE AS
NAME FIFI, MICHAEL A
STREET ADDRESS #1 BERGERAC HEIGHTS
CITY-ST-ZIP MARAVAL, TR

TITLE T
NAME FIFI, MICHAEL A
STREET ADDRESS #1 BERGERAC HEIGHTS
CITY-ST-ZIP MARAVAL, TR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #