

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90337 023 ***150.00

DOCUMENT # P95000024742

1. Entity Name
HOMELAND U.S.A., INC.



Principal Place of Business
~~1141 NE 45 STREET~~
~~OAKLAND PARK, FL 33334~~

Mailing Address
~~1141 NE 45 STREET~~
~~OAKLAND PARK, FL 33334~~

62091060



01232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
420 EAST OAKLAND PARK BLVD

3. Mailing Address
420 EAST OAKLAND PARK BLVD

City & State
OAKLAND PARK FL,

City & State
OAKLAND PARK FL

4. FEI Number
65-0567507

Applied For
Not Applicable

Zip Country
33334 USA

Zip Country
33334 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONTI, ANTONIO D
116 ROYAL PARK DRIVE
APT 2F
OAKLAND PARK, FL 33309

Name
Street Address (P.O. Box Number is Not Acceptable)
4601 N.W. 3RD AVENUE
City **FORT LAUDERDALE** FL Zip Code **33309**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CONTI, ANTONIO**
STREET ADDRESS **116 ROYAL PARK DR #2F**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **S** ☐ Delete
NAME **MARCHIANI, MARIO**
STREET ADDRESS **116 ROYAL PARK DR #2F**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4601 NW 3rd AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL, 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4601 NW 3rd AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL, 33309**

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Antonio D. Conti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/04 (954) 564-3334
Date Daytime Phone #