

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90179 037 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000024742 1. Entity Name HOMELAND U.S.A., INC.					
Principal Place of Business 420 E OAKLAND PARK BLVD. OAKLAND PARK, FL 33334			Mailing Address 420 E OAKLAND PARK BLVD. OAKLAND PARK, FL 33334		
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	
Country		4. FEI Number 65-0567507			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONTI, ANTONIO D 4601 NW 3RD AVE. OAKLAND PARK, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Antonio D. Conti</i></u> DATE <u>04/28/08</u> Signature, typed or printed name of registered agent must also be applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P CONTI, ANTONIO 4601 NW 3RD AVE. OAKLAND PARK, FL 33309		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MARCHIANI, MARIO 4601 NW 3RD AVE. FORT LAUDERDALE, FL 33309		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ 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 807, 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><i>Antonio D. Conti</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			DATE <u>04/28/08</u> (954) 564-3334 Daytime Phone #		

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