


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P95000087580 |  |
| 1. Entity Name HOMESTEAD CACTUS, INC. | |

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|--|--|
| Principal Place of Business 20910 SW 246TH ST HOMESTEAD, FL 33031 US | Mailing Address 20910 S.W. 246TH ST HOMESTEAD, FL 33031 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 65-0624865 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent BERGOLLA, ALFREDO L 23550 SW 214 PL HOMESTEAD, FL 33031 |
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**DO NOT WRITE
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 reissuing) DATE

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

| | |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGOLLA, ALFREDO L 23550 SW 214 PL HOMESTEAD, FL 33031 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALVO, CARLOS 13861 SW 74 TERR MIAMI, FL 33183 |
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05/04/04-80046-002 150.00

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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)(f), 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: Alfredo L Bergolla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

Daytime Phone #