

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 040 ***150.00

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DOCUMENT # P9600005589-1 1. Entity Name HOMEWAY REALTY CORP.			
Principal Place of Business 13001 NORTHWEST ONE AVENUE MIAMI, FL 33168 US		Mailing Address 13001 NORTHWEST ONE AVENUE MIAMI, FL 33168 US	
2. Principal Place of Business - No P.O. Box # 14825 NE 9 AVE Suite, Apt. #, etc. MIAMI,		3. Mailing Address 13001 NW 1 AVE Suite, Apt. #, etc. MIAMI, FL.	
City & State FL		City & State MIAMI, FL.	
Zip 33161	Country DADE	Zip 33168	Country Dade
4. FEI Number 03252008 Chg-P CR2E034 (12/06) 65-0677180		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THOMAS, ROY 13001 NORTHWEST ONE AVENUE MIAMI, FL 33168		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 THOMAS, ROY 14825 NE 9TH AVE MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <u>Roy Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>03/25/08</u> Daytime Phone #: <u>305-300-9000</u>	