


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90047 046 \*\*\*158.75

<b>DOCUMENT # P97000027742</b>	
1. Entity Name <b>HOMESTEAD HOLDINGS, INC.</b>	

Principal Place of Business <b>601-15 W. MOWRY DR HOMESTEAD, FL 33139 US</b>	Mailing Address <b>7001 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33138</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>7425 NW 41 ST</b>  Suite, Apt. #, etc.
City & State  <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip  <b>33166</b>	Country  <b>FL</b>



01052004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0743122</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GIMENEZ, BARBARA B 5810 BISACYNNE BLVD STE 2 MIAMI, FL 33137</b>		
7. Name and Address of New Registered Agent Name <b>JOSE GUERRERO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7425 NW 41 ST</b> City <b>MIAMI</b> FL <b>33166</b>		

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 *Jose Guerrero* DATE *1/5/04*

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUERRERO, JOSE 27 CREEMER RD ARMONK, NY 10504</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES JOSE GUERRERO 7425 NW 41ST MIAMI FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	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 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: *Jose Guerrero Pres* Date *1/5/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR