## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000027742**

HOMESTEAD HOLDINGS, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

601-15 W. MOWRY DR HOMESTEAD, FL 33139 US Mailing Address

C/O BIG APPLE REALTY **301 ALMERIA AVE SUITE 360** MIAMI, FL 33134



Date

Daytime Phone #

| DO NOT WRITE IN THIS SPACE   |   |  |  |   |   |  |                        |
|--|---|--|--|---|---|--|------------------------|
|  |   |  |  | 04032008  | No Chg-P  | CR2E034 (11/05)  | I Par                  |
| DO NOT WATE IN THIS STA  |   |  | ·  | 4. FEI Numb   |   | Applied<br>Not App   |                        |
|  |   |  |  | 5. Certificate  | of Status Desired   | \$8.75 Additional Fee Required   | il                     |
|  | 6. Name and Address of Current Regis  | tered Agent  |  |   |   |  |                        |
| GUERRERO, JOSE<br>C/O BIG APPLE REALTY<br>301 ALMERIA AVE SUTE 360<br>MIAMI, FL 33134                                  |   |  | DO NOT WRITE<br>IN THIS SPACE                |   |   |  |                        |
| the obligat  | named entity submits this statement for the pions of registered agent.  | urpose of changing its registere   | d office or r                                | egistered agent, or bo  | oth, in the State of Flo  | orida. I am familiar with, and a   | iccept                 |
| SIGNATURE  |   |  |  | od Agent signeture required when reinstating) DATE                        |   |  |                        |
| FILE NOWII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution. |   |  | cing   | \$5.00 May Be<br>Added to Fees  | U00000381310<br>04/15/08-80019-021 150.00                               |  |                        |
| 10.  | OFFICERS AND DIREC  | TORS   |  | ·   |   |  |                        |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME  | P<br>GUERRERO, JOSE<br>8890 SW 60 AVE<br>MIAMI, FL 33156<br>D<br>GUERRERO, ROMY   |  |  |   |   |  |                        |
| STREET ADDRESS<br>CITY-ST-ZIP  | 8890 SW 60 AVE<br>MIAMI, FL 33156   |  |  |   |   |  |                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  | DO  | NOT W   | RITE   |                        |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |   |  | IN THIS SPACE                                |   |   |  |                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |   |   |  |                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |  |   |   |  |                        |
|  | entify that the information supplied with this fil<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowered<br>or on an attachment with an address, with all | ing does not qualify for the exemol afficurate and that my signature to ekecute this report as require other like empowered. | mptions con<br>are shall have<br>ad by Chapt | ntained in Chapter 119<br>re the same legal effecter 607, Florida Statute | ), Florida Statutes. I<br>it as if made under o<br>is; and that my name | further certify that the informateath; that I am an officer or direct appears in Block 10 or Block | tion<br>actor<br>11 if |