

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2004 8:00 am
Secretary of State

04-19-2004 90362 035 ***158.75

DOCUMENT # P97000042411

1. Entity Name
HOME MY FAMILY, INC



Principal Place of Business
**662 WEST 50TH STREET
HIALEAH, FL 33012**

Mailing Address
**662 WEST 50TH STREET
HIALEAH, FL 33012**

66421666



DO NOT WRITE IN THIS SPACE

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0763505

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALMEIDA, ALICIA
662 WEST 50TH STREET
HIALEAH, FL 33012**

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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 reinstating)

DATE

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

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALMEIDA, ALICIA
662 WEST 50TH STREET
HIALEAH, FL 33012**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04 (305) 362-6649