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## Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # P97000077788 1. Entity Name Y & D HOMES, INC. Principal Place of Business Mailing Address 2527 W. 76 ST., #213 2527 W. 76 ST., #213 HIALEAH, FL 33016 HIALEAH, FL 33016 04012004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0804325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, CARLOS E DO NOT WRITE 2527 W. 76 ST., #213 HIALEAH, FL 33016 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tide it applicable. DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees U00000143092 10. OFFICERS AND DIRECTORS 04/30/04-80077-020 150.00 TITLE DIAZ, CARLOS E NAME STREET ADDRESS 674 W. 65 DR. CITY-ST-ZIP HIALEAH, FL 33012 DIE NAME RAMIRIEZ, NIURRA STREET ADDRESS 2527 W. 76 ST., #213 CITY-ST-ZP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 embowered 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.

HHE NAME. STREET ADDRESS CRY-ST-ZIP

> INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

FILED