

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90043 025 ***150.00

DOCUMENT # P98000004684

1. Entity Name

OSMIR HOME INVESTMENTS, INC.



Principal Place of Business

8042 W. 21ST AVE
HIALEAH FL 33016

Mailing Address

8042 W. 21ST AVE
HIALEAH FL 33016

2. Principal Place of Business

14161 Leaning Pine Dr

Suite, Apt. #, etc.

M-Lakes FL

City & State

3. Mailing Address

14161 Leaning Pine Dr

Suite, Apt. #, etc.

M-Lakes FL

City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0855197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, JUAN O
7013 CROWN GATE PLACE
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Juan O Munoz

Street Address (P.O. Box Number is Not Acceptable)

14161 Leaning Pine Dr

City

Miami Lakes

FL

Zip Code

33014

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUNOZ, JUAN O
STREET ADDRESS 14161 LEANING PINE DR
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE SD ☐ Delete
NAME MUNOZ, MARGARITA W
STREET ADDRESS 14161 LEANING PINE DR
CITY-ST-ZIP MIAMI LAKES FL 33074

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Juan O Munoz Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

305-5252889