


**2007 FOR PROFIT CORPORATION .  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000046058</b> 1. Entity Name HOME ATTITUDES, INC.	
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Principal Place of Business 12940 WEST STATE ROAD 84 DAVIE, FL 33325 US	Mailing Address 12940 WEST STATE ROAD 84 DAVIE, FL 33325 US
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02112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0841817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GOMEZ, LEOPOLDO 13887 SW 140 STREET MIAMI, FL 33186
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**DO NOT WRITE  
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, 2007 Fee will be \$550.00**

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

U00000643975  
03/02/07-80022-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PEREIRO, MIRTA 12940 WEST STATE ROAD 84 DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRO, MARIO 12940 WEST STATE ROAD 84 DAVIE, FL 33325
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2-11-07 954 473-1836  
Date Daytime Phone #