

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90192 037 ***150.00

DOCUMENT # P99000001335

1. Entity Name
 HOME SOLUTIONS REMODELING & INVESTMENT, CO.



Principal Place of Business
 P.O. BOX 54-6996
 SURFSIDE, FL 33154-6996

Mailing Address
 P.O. BOX 54-6996
 SURFSIDE, FL 33154-6996

2. Principal Place of Business
 9700 E. BAY HARBOR DR
 Suite, Apt. #, etc. 404


3. Mailing Address
 9700 E. BAY HARBOR DR
 Suite, Apt. #, etc. 404

City & State
 BAY HARBOR FL

City & State
 BAY HARBOR FL

Zip Country
 33154 USA

Zip Country
 33154 USA



02142004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0885013

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FONS, CLARA
 9381 E. BAY HARBOR DR.
 SUITE 401N
 BAY HARBOR ISLAND, FL 33154

7. Name and Address of New Registered Agent

Name
 MANUEL FONS

Street Address (P.O. Box Number is Not Acceptable)
 9700 E. BAY HARBOR DR

404

City
 BAY HARBOR

FL Zip Code
 33154

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: X (NOTE: Registered Agent signature required when reinstating) DATE: X

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	FONS, MANUEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONS, MANUEL	NAME	
STREET ADDRESS	21314 NE 18 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONS, CLARA	NAME	
STREET ADDRESS	21314 NE 18 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: X Manuel Fons DATE: 04-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #