

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90281 039 ***150.00

DOCUMENT # P99000001335

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



20041812

Principal Place of Business Mailing Address

9700 E BAY HARBOR DR 9700 E BAY HARBOR DR
 404 404
 BAY HARBOR, FL 33154 BAY HARBOR, FL 33154



04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0885013 Not Applicable

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

6. Name and Address of Current Registered Agent

FONS, MANUEL
 9700 E BAY HARBOR DR
 # 404
 BAY HARBOR ISLAND, FL 33154

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 Delete

NAME **FONS, MANUEL**

STREET ADDRESS **21314 NE 18 PLACE**

CITY-ST-ZIP **MIAMI, FL 33179**

TITLE Change Addition

NAME _____

STREET ADDRESS **9700 E Bay Harbor Dr #404**

CITY-ST-ZIP **Bay Harbor FL 33154**

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

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CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Change Addition

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 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: Manuel Fons Date: 04/18/05 Daytime Phone #: 305 300 9002