

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070015

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: HOME FINANCING CENTER REALTY, INC.

## Current Principal Place of Business:

1390 S DIXIE HWY  
CORAL GABLES, FL 33146

## New Principal Place of Business:

5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

## Current Mailing Address:

1390 S DIXIE HWY  
CORAL GABLES, FL 33146

## New Mailing Address:

5200 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

FEI Number: 65-1001350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKROOT, JOHN C  
100 SE 2 STREET 17 FL  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WRIGHT, MARIE  
Address: 1390 SOUTH DIXIE HIGHWAY #1104  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete  
Name: CLAUS, TERRY  
Address: 1390 SOUTH DIXIE HIGHWAY #1104  
City-St-Zip: CORAL GABLES, FL 33146

Title: S/T ( ) Delete  
Name: WHEELER, CLAUDINE  
Address: 1390 SOUTH DIXIE HIGHWAY #1104  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WRIGHT, MARIE  
Address: 5200 BLUE LAGOON DRIVE #100  
City-St-Zip: MIAMI, FL 33126

Title: VP (X) Change ( ) Addition  
Name: CLAUS, TERRY  
Address: 5200 BLUE LAGOON DRIVE #100  
City-St-Zip: MIAMI, FL 33126

Title: S/T (X) Change ( ) Addition  
Name: WHEELER, CLAUDINE  
Address: 5200 BLUE LAGOON DRIVE #100  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDINE WHEELER

S/T

07/09/2004

Electronic Signature of Signing Officer or Director

Date