2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S04660

1. Entity Name

HOME WORLD REALTY, INC.



FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business

6790 W. 13TH AVE. HIALEAH, FL 33012 Mailing Address

6790 W. 13TH AVE. HIALEAH, FL 33012



01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0222391 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, ANTONIO 6790 W. 13TH AVE. HIALEAH, FL 33012

SIGNATURE:

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 reinstaling) OATE | | | | | |
| | Signature, typeo or bringer using or reflictered afters and ma- | n applicable (No. 2 negistered | CON SQUARE | regards in all randomy | |
| File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Finance Trust Fund Contribution. | oling | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORENO, ANTONIO 6375 MIAMI LAKEWAY SOUTH MIAMI LAKES, FL | | | | U00000002531 -01/13/04-80018-008 150.00 |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | | 13010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| RITLE NAME STREET ADDRESS CRY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. Thereby certify that the information supplied with this filling 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. | | | | | |

INTED HAME OF SIGNING OFFICER OR DIRECTOR