


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

09-28-2004 90001 031 \*\*\*550.00

<b>DOCUMENT # S82466</b> 1. Entity Name <b>HOME SHOW SPECIALISTS, INC.</b>			
Principal Place of Business <b>6768 PEMBROKE ROAD</b> <b>MIRAMAR, FL 33023 US</b>		Mailing Address <b>6768 PEMBROKE ROAD</b> <i>delete</i> <b>MIRAMAR, FL 33023 US</b>	
2. Principal Place of Business <b>5950 WEST OAKLAND PK</b>		3. Mailing Address <b>5950 W Oakland PK Blvd Lauderdale FL 33319</b>	
Suite, Apt. #, etc. <b>307 LAUDERHILL, FL</b>		Suite, Apt. #, etc. <b>LAUDERHILL, FL 33319</b>	
City & State <b>LAUDERHILL, FL 33319</b>		City & State <b>LAUDERHILL, FL 33319</b>	
Zip <b>33319</b>		Country <b>BRUNAI</b>	
4. FEI Number <b>65-0289032</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>VACTON, MICHAEL</b> <b>11163 NW 38TH PLACE</b> <b>FORT LAUDERDALE, FL 33351</b> <i>VACTON, MICHAEL</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Michael Vachon</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>9-20-04</b>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VACHON, JACQUELINE</b> <b>3330 SPANISH MOSS LN APT #105</b> <b>LAUDERHILL, FL 33319</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jacqueline A Vachon, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>9-21-04</b> Daytime Phone # <b>954 777-4763</b>	

**54073539**





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 2, 2004

HOME SHOW SPECIALISTS, INC.  
6768 PEMBROKE ROAD  
MIRAMAR, FL 33023 US

New

5950 W OAKLAND PARK  
BLVD Suite #307  
Lauderhill, Fla 33319

SUBJECT: HOME SHOW SPECIALISTS, INC.  
Ref. Number: S82466

Upon receipt of your letter and/or check(s) totaling \$400.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts  
Document Specialist

Letter Number: 004A00053269