


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90026 012 \*\*\*150.00

DOCUMENT # V14897			
1. Entity Name HOMES 2000 REALTY OF FLORIDA, INC.			
Principal Place of Business 10021 PINES BLVD SUITE 110 PEMBROKE PINES FL 33024 US		Mailing Address 10021 PINES BLVD SUITE 110 PEMBROKE PINES FL 33024 US	
2. Principal Place of Business - No P.O. Box # 6226 S.W. 191 AVE Suite, Apt. #, etc.		3. Mailing Address 6226 S.W. 191 AVE Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33332	Country US	Zip 33332	Country US



1st MOORE CR2E034 (10/06)

4. FEI Number 65-0313088		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENDRYES, NORMAN W 6226 S.W. 191 AVE PEMBROKE PINES FL 33332			
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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VENDRYES, DAWN GRUVA			NAME	VENDRYES, DAWN GRUVA		
STREET ADDRESS	10021 PINES BLVD. SUITE 110			STREET ADDRESS	6226 SW 191 AVE		
CITY- ST- ZIP	PEMBROKE PINES FL 33024			CITY- ST- ZIP	PEMBROKE PINES, FL 33332		
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 exemptions contained in Section 119, 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: Dawn Vendryes DAWN VENDRYES 4/24/07 249-4928  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #