


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90182 042 \*\*\*150.00

**DOCUMENT # V36139**  
 1. Entity Name  
**HOMES MIAMI.US, INC.**



Principal Place of Business  
**3830 FRANTZ ROAD**  
**COCONUT GROVE, FL 33133**

Mailing Address  
**3830 FRANTZ ROAD**  
**COCONUT GROVE, FL 33133**

**50023609**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02222005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**65-0032454**

Applied For  
 Not Applicable

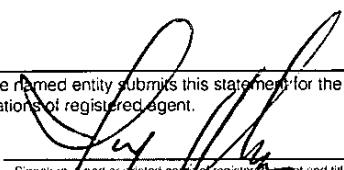
Zip Country

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

6. Name and Address of Current Registered Agent  
~~ALVAREZ, SARA~~  
~~1848 OPECHEE DRIVE~~  
~~COCONUT CREEK, FL 33133~~

7. Name and Address of New Registered Agent  
 Name **MAX ALVAREZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3830 FRANTZ RD**  
 City **COCONUT GROVE** FL Zip Code **33133**

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  DATE **3/3/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, SARA A	
STREET ADDRESS	3830 FRANTZ ROAD	
CITY - ST - ZIP	COCONUT GROVE, FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MAX	
STREET ADDRESS	3830 FRANTZ RD	
CITY - ST - ZIP	COCONUT GROVE, FL 33153	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **VICE PRESIDENT** DATE **3/3/05** DAYTIME PHONE # **786-251-8390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR