

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057206

FILED
Mar 11, 2004
Secretary of State

Entity Name: THE HOMES REVIEW OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1191-A SUMMIT PLACE CIRCLE
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

PMB #1606
958 S MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

New Mailing Address:

FEI Number: 65-0507158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, MARC J
1191-A SUMMIT PLACE CIRCLE
WEST PALM BEACH, FL 33415

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: D () Delete
Name: FISHMAN, MARC J
Address: 1191-A SUMMIT PLACE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: STEINHORN, JOYCE
Address: 9610 BERGAMO STREET
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARC J. FISHMAN

D

03/11/2004

Electronic Signature of Signing Officer or Director

_____ Date