

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008604

FILED
Jan 17, 2008
Secretary of State

Entity Name: HOMES OF RESTORATION, INC.

Current Principal Place of Business:

20503 SW 86TH CT.
MIAMI, FL 33189

New Principal Place of Business:

6835 SW 45 LANE
9
MIAMI, FL 33189

Current Mailing Address:

6835 SW 45 LANE #9
MIAMI, FL 33155

New Mailing Address:

P.O. BOX 565356
MIAMI, FL 33256

FEI Number: 20-0340979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, ANA D
6835 SW 45 LANE #9
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

VARGAS, ANA D
6835 SW 45 LANE
9
MIAMI, FL 33155 US

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: ANA D VARGAS

01/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGAS, ANA D
Address: 20503 SW 86TH CT.
City-St-Zip: MIAMI, FL 33189

Title: V () Delete
Name: NOEL, LENORE
Address: 6415 COW PEN RD. #L107
City-St-Zip: MIAMI, FL 33014

Title: S () Delete
Name: SALMI, LETICIA
Address: 10034 SW 127 CT.
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete
Name: BOLONOS, GINA
Address: 20440 SW 114TH PL.
City-St-Zip: MIAMI, FL 33189

Title: D (X) Delete
Name: CRITTENDEN, CLIFF
Address: 20503 SW 86TH CT.
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARGAS, ANA D
Address: P.O. BOX 565356
City-St-Zip: MIAMI, FL 33256

Title: SEC (X) Change () Addition
Name: OLIVE, DAVIS
Address: P.O. BOX 565356
City-St-Zip: MIAMI, FL 33256

Title: TREA (X) Change () Addition
Name: INGRID, BRANCH
Address: P.O. BOX 565356
City-St-Zip: MIAMI, FL 33256

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA VARGAS

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date