


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M72417
 1. Entity Name
HOME SERVICES, INC.



Principal Place of Business 1515 NE 138TH ST N MIAMI FL 33161 US	Mailing Address 1515 NE 138TH ST N MIAMI FL 33161 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 65-0032020	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVERAS, CARLOS
1515 NE 138TH ST
N MIAMI FL 33161

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 *Carlos Oliveras* **CARLOS OLIVERAS** DATE 2/23/08

SIGNATURE, TYPE OR PRINTED NAME OF REGISTERED AGENT AND TITLE. (Typed name required when for change.) (NOTE: Registered Agent signature required when for change.)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERAS, CARLOS	NAME		NAME		NAME	
STREET ADDRESS	1515 NE 138TH ST	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL 33161	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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 03/11/08-80008-003 158.75

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: *Carlos Oliveras* **CARLOS OLIVERAS** DATE 2/23/08 (300) 949 1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR