

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023111

Entity Name: HOMEXPERTS, INC.**Current Principal Place of Business:**1600 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134**Current Mailing Address:**1600 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134 US**FEI Number:** 57-1153068**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILLENNA, ROBERT
1600 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VD
Name	IRAOLA, MARIA A
Address	812 ALFONSO AVENUE
City-State-Zip:	CORAL GABLES FL 33146

Title	VPD
Name	VILLENNA, JOSE A
Address	9081 SW 124 STREET
City-State-Zip:	MIAMI FL 33176

Title	VPD
Name	VILLENNA, MARIO A
Address	7501 SW 82 COURT
City-State-Zip:	MIAMI FL 33143

Title	VPD
Name	KENNEDY, WILLIAM P
Address	19427 SW 65 ST
City-State-Zip:	FORT LAUDERDALE FL 33332

Title	VSTD
Name	VILLENNA, ROBERT A
Address	11767 SW 93 TERR
City-State-Zip:	MIAMI FL 33186

Title	VP
Name	IRAOLA, CARLOS G
Address	216 ROMANO AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	PD
Name	IRAOLA, MANUEL J.
Address	1600 PONCE DE LEON BLVD SUITE 1000
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MANUEL J IRAOLA**PRESIDENT****05/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date