

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000007014						FILED 05 NOV -8 PM 6:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name 5TH AVENUE BUILDING INSPECTIONS, INC.							
Principal Place of Business 2419 QUANTUM BLVD. BOYNTON BEACH, FL 33426 US 7456 LIVERPOOL CT 33437				Mailing Address 2419 QUANTUM BLVD. BOYNTON BEACH, FL 33426 US 7456 LIVERPOOL CT 33437			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CABALLERO, JOEY 7456 LIVERPOOL CT BOYNTON BEACH, FL 33437				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P NAME CABALLERO, JOEY STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			TITLE D NAME GARY GRIMES STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VP NAME CABALLERO, CATHY STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			TITLE D NAME THOMAS BURGESS STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME MACKEY, JUDE STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			TITLE D NAME JOHN PERRY STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME STEFFEN, MICHAEL STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete			TITLE D NAME RAY MARTIN STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME ERVIN, ROBERT STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete			800061637708 11/22/05--01089--007 **\$61.25			
TITLE D NAME FITCH, RICHARD STREET ADDRESS 7456 LIVERPOOL CT CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 10/29/05 Daytime Phone #: 369-8343			