

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000121640 1. Entity Name FLASH HOME INSPECTION & REPAIR, INC.	
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FILED
04 OCT 25 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *OK*

Principal Place of Business P.O. BOX 771377 MIAMI, FL 33177	Mailing Address P.O. BOX 771377 MIAMI, FL 33177
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2. Principal Place of Business 7902 NW 67ST	3. Mailing Address P.O. Box 771377
Suite, Apt. #, etc.	Suite, Apt. #, etc. Miami

City & State Miami FLO.	City & State FL.
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Zip 33166	Country DADE	Zip 33177	Country DADE
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10012004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1690531	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GUZMAN, MARINA 3401 SW 114 CT MIAMI, FL 33165 ROBERTO G. LINARES 14142 SW 120 CT MIAMI, FL 33186	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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: *R. G. Linares* DATE: 10/15/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINARES, ROBERTO P.O. BOX 771377 MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition President
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042163675 10725/04--01081--001 **158.75
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/28
	<input 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: *R. G. Linares* **R. G. LINARES** DATE: 10/15/04 DAYTIME PHONE #: 305 799 8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO G. LINARES
P.O. Box 771377
Miami, FL 33177

10/15/04

Tel No 305-799 8800

TAX ID No 16-1690531

To whom it may concern

I'm sorry my paper work was never received and I'm glad you sent to me the proper paperwork to correct this problem as well as I can start looking for business again. I will love for you to understand that I did not pay because I did n't have or I didn't received what I have now

I'm sending you my \$150⁰⁰ and thanking you for waiving the other \$400⁰⁰

Thank you again

R. Linares

5.15.10
5.15.10