2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000087572 ABLÉ REAL STATE INSPECTORS, CORP. Principal Place of Business Mailing Address 4279 NE 30 STREET HOMESTEAD, FL 33033 **4279 NE 30 STREET** HOMESTEAD, FL 33033 03162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1222305 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RUIZ, JESUS DO NOT WRITE **4279 NE 30 STREET** HOMESTEAD, FL 33033 IN THIS SPACE 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. Hn0000536997 SIGNATURE. 05/63/86 88114 918 150.90 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TIME RUIZ, JESUS 739 SW 3 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 DV RUIZ, MARITZA NAME STREET ADDRESS 739 SW 3 ST CITY-ST-ZIP MIAMI, FL 33130 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTID NAME OF SIGNING OFFICER OR DIRECTOR

APri 1 22 2006 (30-)21909