

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90120 013 ***150.00



DOCUMENT # P04000150833

1. Entity Name

MAGNIFY HOME INSPECTION SERVICES, INC.

Principal Place of Business

10433 SUNRISE LAKES BLVD
 BUILDING 162 #108
 SUNRISE FL 33322

Mailing Address

10433 SUNRISE LAKES BLVD
 BUILDING 162 #108
 SUNRISE FL 33322

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

"

Suite, Apt. #, etc.

4. FEI Number

20-1829238

Applied For

Not Applicable

City & State

"

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

6. Name and Address of Current Registered Agent

EGORT, MARC
817 SOUTH UNIVERSTIY DRIVE
SUITE 100
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NEGRON, CARLOS	10433 SUNRISE LAKES BLVD BLDG 162 #108	SUNRISE FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Carlos Negrón Jr.
CARLOS NEGRON JR.

4/5/05

954-748-6919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #