

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068838

**FILED**  
**Feb 28, 2008**  
**Secretary of State**

**Entity Name:** ACREDIT HOME INSPECTIONS, INC.

**Current Principal Place of Business:**

143 SW 113 AVENUE  
104  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

143 SW 113 AVENUE  
104  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 20-2931800      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENITEZ, JORGE  
9240 FOUNTAINEBLEAU BLVD  
105  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

CARIDAD, CORRALES  
143 SW 113 AVENUE  
104  
MIAMI, FL 33174 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: CARIDAD CORRALES      02/28/2008  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CORRALES, CARIDAD M  
Address: 143 SW 113TH AVENUE, #104  
City-St-Zip: MIAMI, FL 33174

Title: S      ( ) Delete  
Name: QUINTERO, EVELIO  
Address: 143 SW 113TH AVENUE, #104  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP      (X) Change ( ) Addition  
Name: CORRALES, CARIDAD M  
Address: 143 SW 113TH AVENUE, #104  
City-St-Zip: MIAMI, FL 33174

Title: PD      (X) Change ( ) Addition  
Name: QUINTERO, EVELIO  
Address: 143 SW 113TH AVENUE, #104  
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVELIO QUINTERO      PD      02/28/2008  
Electronic Signature of Signing Officer or Director      Date