


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90359 036 \*\*\*150.00

DOCUMENT # H 49714 1. Entity Name <b>EXPERT BUILDERS, INC</b>	
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**DO NOT WRITE IN THIS SPACE**

**50041165**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>109 NW 5th Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 5144</b> Suite, Apt. #, etc.
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City & State <b>Fort Lauderdale, Fl</b>	City & State <b>Fort Lauderdale, Fl</b>	4. FEI Number <b>59-2629614</b>	Applied For Not Applicable
Zip <b>33311</b>	Country <b>Broward</b>	Zip <b>33310-5144</b>	Country <b>Broward</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Doris A Giles 109 NW 5th Avenue Fort Lauderdale, Fl 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Giles, Shalanda 109 NW 5th Avenue Fort Lauderdale, Fl 33311</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris A. Giles* Date: **4/18/05** Daytime Phone #: **954/768-0646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034B (12/02)