


2004

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

FILED

04 JAN -2 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087029	
1. Entity Name D+C Home Inspections, Inc.	

DO NOT WRITE IN THIS SPACE

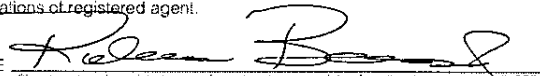
2. Principal Place of Business 3900 NW 79th Avenue Suite, Apt. #, etc. # 480 City & State Miami, FL Zip 33166 Country USA		3. Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip 33166 Country USA	
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DO NOT WRITE IN THIS SPACE

MRS

4. FEI Number 65-1042338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	
	7. Name and Address of Current Registered Agent
	Name Rebeca T. Bermudez
	Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79th Avenue # 480 City Miami FL Zip Code 33166

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.	12-15-03 DATE (NOTE: Registered Agent signature required when re-registering)

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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D Daniel R. Bermudez 15454 SW 170 Terrace Miami, FL 33187	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Rebeca T. Bermudez 15454 SW 170 Terrace Miami, FL 33187	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400025868614 12/31/03--01010--017 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Barbara Eiriz 15457 SW 146th Street Miami, FL 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	12-15-03 (305) 569-2013 Date Daytime Phone #
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CR2E034B (12/02)