


FILED
Jul 11, 2006 8:00 am
Secretary of State

[illegible]

DOCUMENT # P01000009252

1. Entity Name
INSPECTCO OF SOUTH FLORIDA, INC.



Principal Place of Business
1985 KEYSTONE BOULEVARD
NORTH MIAMI, FL 33181

Mailing Address
1985 KEYSTONE BOULEVARD
NORTH MIAMI, FL 33181

2. Principal Place of Business
210 NE 2nd COURT
Suite, Apt. #, etc.
DANIA BEACH, FLORIDA
City & State

3. Mailing Address
210 NE 2nd COURT
Suite, Apt. #, etc.
DANIA BEACH, FLORIDA
City & State

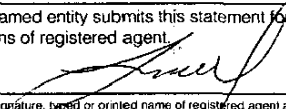
Zip
33004
Country
USA

Zip
33004
Country
USA

6. Name and Address of Current Registered Agent
FISH, MICHAEL K
7700 N. KENDALL DR., #501
MIAMI, FL 33156

7. Name and Address of New Registered Agent
Name
LEOR APEL
Street Address (P.O. Box Number is Not Acceptable)
210 NE 2nd COURT
DANIA BEACH FL 33004
City
DANIA BEACH FL Zip Code
33004

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
7/3/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

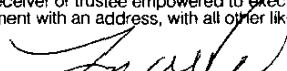
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APEL, LEOR 1985 KEYSTONE BOULEVARD NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APEL, LEOR 210 NE 2nd COURT DANIA BEACH, FLORIDA, 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
7/3/06
Daytime Phone #
954-931-5288