


**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90003 041 \*\*\*150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000010933</b>			
1. Entity Name <b>ANV HOME INSPECTION SERVICE, INC.</b>			
Principal Place of Business <b>321 NW 109TH AVE, SUITE 7 MIAMI, FL 33172</b>		Mailing Address <b>321 NW 109TH AVE, SUITE 7 MIAMI, FL 33172</b>	
2. Principal Place of Business - No P.O. Box # <b>208085 W. 86th</b>		3. Mailing Address <b>8357 W. FLAGLER ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>126</b>	
City & State <b>OUTLER BAY FLA</b>		City & State <b>MIAMI FLA</b>	
Zip <b>33189</b>		Zip <b>33144</b>	
Country		Country	
4. FEI Number <b>65-1073110</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PATINO, VANESSA 321 NW 109TH AVE, SUITE 7 MIAMI, FL 33172</b>		7. Name and Address of New 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERGUSON, ARLINGTON 321 NW 109TH AVE, SUITE 7 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1349 NW 96th</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MIAMI FL 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PATINO, VANESSA 321 NW 109TH AVE, SUITE 7 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>208085 W. 86th</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>OUTLER BAY FL 33189</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:

*Vanessa Patino VSD*