
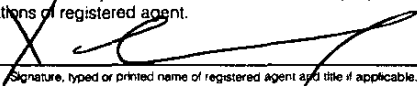
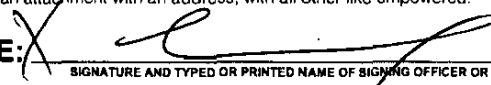


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90052 013 ***150.00

DOCUMENT # P01000036465 1. Entity Name CARE PROFESSIONAL HOME INSPECTIONS INC.					
Principal Place of Business 3211 COUNTRYSIDE VIEW DR ST. CLOUD, FL 34772			Mailing Address 6854 W. FLAGLER STREET MIAMI, FL 33144		
2. Principal Place of Business, No P.O. Box # 6854 W FLAGLER ST		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-1098526	
Zip 33144		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, EDUARDO 3211 COUNTRYSIDE VIEW DR. ST. CLOUD, FL 34772				7. Name and Address of New Registered Agent Name FERNANDEZ, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 6854 W FLAGLER ST City MIAMI FL 33144	
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  DATE 4-16-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, EDUARDO B 3211 COUNTRYSIDE VIEW DRIVE ST. CLOUD, FL 34772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6854 W FLAGLER ST MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FERNANDEZ, ANGELA M 3211 COUNTRYSIDE VIEW DR ST CLOUD, FL 34772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6854 W FLAGLER ST MIAMI FL 33144 <input checked="" 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: 			4-16-07 (305) 219-1118 Date Daytime Phone #		