2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000042508

1. Entity Name



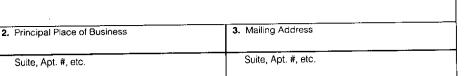
ARCHINSPECTIONS, INC.

Principal Place of Business 230 ROYAL PALM WAY. SUITE 301 PALM BEACH FL 33480

Mailing Address

230 ROYAL PALM WAY, SUITE 301

PALM BEACH FL 33480



City & State

FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90076 005 ***150.00



- · · -SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145

City & State

Zip

| 1. Italic and Addition of the State of the S | | | | | | | |
|--|----------|------------|-----------|----------------|----|--|--|
| Name | | - | | - | | | |
| Street A | ddress (| P.O. Box N | Number is | Not Acceptable | e) | | |
| | | | | | | | |

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.

Country

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|-----|---------------------|------------------------|--|
| ತಿ | FILE NOW!!! | FEE IS \$150.00 | |
| Aft | ter May 1, 200 | 3 Fee will be \$550.00 | |

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete NAME BENNETT, AMES NAME 230 ROYAL PALM WAY, SUITE 301 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE SD TITLE NAME BENNETT, R.L. NAME STREET ADDRESS 230 ROYAL PALM WAY, SUITE 301 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME BENNETT, S.D. NAME STREET ADDRESS 230 ROYAL PALM WAY, SUITE 301 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RECAN RAMES Bennett, President 01/04/03

CR2E034 (10/02)