

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051403

FILED
Jan 15, 2004
Secretary of State

Entity Name: ALL ESTATE COMPLETE INSPECTION, INC.

Current Principal Place of Business:

13380 SW 128 ST
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13380 SW 128 ST
MIAMI, FL 33186

New Mailing Address:

FEI Number: 01-0688678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSPINA, MONICA
9750 NW 47 TERR
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VEGA, NELSON
Address: 10508 WESTSIDE ST APT 103
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: OSPINA, MONICA
Address: 9780 NW 47 TERR
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: VEGA, CLAUDIA
Address: 13800 SW 174 ST
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: OSPINA, ORLANDO
Address: 9750 NW 47TH TERRACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VEGA, NELSON
Address: 14888 SW 175 STREET
City-St-Zip: MIAMI, FL 33187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON VEGA

D

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date