


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 15, 2004 8:00 am
Secretary of State

8/3

08-30-2004 90006 043 ***508.75

DOCUMENT # P03000066361 1. Entity Name ALL AMERICAN PROPERTY INSPECTIONS, INC.					
Principal Place of Business 464 SAILBOAT CIRCLE WESTON FL 33326 US			Mailing Address 464 SAILBOAT CIRCLE WESTON FL 33326 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 32-0080365	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ENRIQUEZ, NELSON JR 464 SAILBOAT CIRCLE WESTON FL 33326			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 renouncing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
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 ENRIQUEZ, LUCY E 464 SAILBOAT CIRCLE WESTON FL 33326	<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	T ENRIQUEZ, LUCY E 464 SAILBOAT CIRCLE WESTON FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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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 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8-20-04 Daytime Phone # 308001545		

66433705



MOORE CR2E034 (4/04)

ATTACHMENT
66433705

September 13, 2004

Florida Department of State
Reference # P03000066361

To whom it may concern,

This letter is to request that I had not received prior notice on the filing fee. Now I am aware that a fee is do before each May of every year. I had sent to you a check in the amount of \$508.75 in which I will like for you to refund the \$400.00 late fee since I had not receive prior notice, per S 607.193(2)(b). Please forward the balance to me at American Property inspections 464 Sailboat Cr. Weston, FL 33326.

If you have any questions, please contact me at (305) 986-1545.

Thank you in advance,


Lucy Enriquez