2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 08:00 AM Secretary of State

			,	٦.	BULLU	ary or State
DOCUMENT # P03000073399 1. Entity Name ALL FLORIDA APPLIANCE & HOME INSPECTIONS, INC						
		ailing Address				
	EN BRANCH DR. PLE, FL 33543					
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_	A NOT MOTE !	or .	02282006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number	302	Applied For
				20-00699		Not Applicable \$8.75 Additional
				5. Certificate of	Status Desired	Fee Required
Name and Address of Current Registered Agent						
ITS CENT	ERS INC. AW ROAD		DO NOT WRITE			
TAMPA, F		IN THIS SPACE				
				IN I	113 3P	ACE
			<u> </u>			
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 Signature, typed or printed nerve of registered agent and title Klepplicatilis (NOTE: Registered Agent signature required when rensisting) DATE						
FILE NOWITI FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	. 🏻 Add	led to Fees		
10.	OFFICERS AND DIRE	CTORS	1			
TITLE NAME	IBRAHIM, SHERIF		1			
STREET ADDRESS	1614 BROKEN BRANCH DR.					
CITY-ST-ZIP	WESLEY CHAPLE, FL 33543		-{		18 N.M. W.J.F.P.	15/90K
NAME	IBRAHIM, HEATHER		j	;	d digni	3002 4-0 02 150.0 0
STREET ADDRESS CITY - ST - ZIP	1814 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543		}			
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NAME CTREET ETHNOCCO			1			
STREET ADDRESS CITY-ST-ZIP			1	DO I	W TON	RITE
TITLE			1	IN T	HIS SP	ACE
NAME SIDELT ADDRESS						
CITY-ST-ZIP			_			
TITLE NAME			1			
STREET ADDRESS			Į			
CITY-ST-ZIP			_{			
TITLE NAME]			
STREET ADDRESS						
12. Thereby	Certify that the information supplied with this	filling does not qualify for the ex	semations containe	d in Chapter 119 s	Florida Statutas 1	further certify that the information
indicated of the co	on this report or supplemental report is true reportation or the receiver or trustegrempowers	and accurate and that my sign	ature shall have the lired by Chapter 60	same legal effect a 7, Florida Statutes;	as if made under o and that my name	ath; that I am an officer or director appears in Block 10 or Block 11 if
12. I hereby certify that the information supplied with this filling 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 trusted empowered to expect the 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 any edgress, with the other life ampowered.						
SIGNATURE: 128/06 SIGNATURE: Date 12/28/06 SIGNATURE: Date 12/28/06 Date 12/28/06						
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