


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # P03000073399	
1. Entity Name ALL FLORIDA APPLIANCE & HOME INSPECTIONS, INC	

Principal Place of Business 1614 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543	Mailing Address 1614 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0069983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ITS CENTERS INC. 15145 SHAW ROAD TAMPA, FL 33625

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	000000657273 03/14/07-80061-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IBRAHIM, SHERIF 1614 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IBRAHIM, HEATHER 1614 BROKEN BRANCH DR. WESLEY CHAPLE, FL 33543
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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: Heather Ibrahim 2/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #