

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073399

FILED
Feb 27, 2009
Secretary of State

Entity Name: ALL FLORIDA APPLIANCE & HOME INSPECTIONS, INC

Current Principal Place of Business:

1614 BROKEN BRANCH DR.
WESLEY CHAPLE, FL 33543

New Principal Place of Business:

Current Mailing Address:

1614 BROKEN BRANCH DR.
WESLEY CHAPLE, FL 33543

New Mailing Address:

FEI Number: 20-0069983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ITS CENTERS INC.
15145 SHAW ROAD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

IBRAHIM, SHERIF
1614 BROKEN BRANCH DR
WESLEY CHAPLE, FL 33543 US

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: SHERIF IBRAHIM

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IBRAHIM, SHERIF
Address: 1614 BROKEN BRANCH DR.
City-St-Zip: WESLEY CHAPLE, FL 33543

Title: V () Delete
Name: IBRAHIM, HEATHER
Address: 1614 BROKEN BRANCH DR.
City-St-Zip: WESLEY CHAPLE, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: SHERIF IBRAHIM

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date