2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076648

1. Entity Name
DADE & BROWARD HOME INSPECTIONS INC.

FILED
06 MAY -1 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1300 ST. CHARLES PLACE, #613 PEMBROKE PINES, FL 33026 US	1300 ST. CHARLES PLACE, #613 PEMBROKE PINES, FL 33026 US

2. Principal Place of Business		3. Mailing Address	
1460 N.W 107 AVE		1460 N.W 107 AVE	
Suite, Apt. #, etc. SUITE O		Suite, Apt. #, etc. SUITE O	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33172	Country USA	Zip 33172	Country USA

4. FEI Number 20-1541317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERNAL, RAMIRO E
1300 ST. CHARLES PLACE, #613
PEMBROKE PINES, FL 33026

Address Change ONLY

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1460 N.W 107 AVE SUITE O

City MIAMI FL. FL Zip Code 33172

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

500074811415
05/18/06--01025--013 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNAL, RAMIRO 15992 SW 3RD STREET PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1460 N.W 107 AVE SUITE O MIAMI FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNAL, LUZ STELLA 15992 SW 3RD STREET PEMBROKE PINES, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1460 N.W 107 AVE SUITE O MIAMI FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #