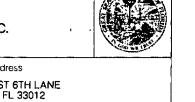
2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P03000086658

2008

FILED Mar 06, 2008 08:00 Al **Secretary of State**



FLORIDA PENINSULA HOME INSPECTORS, INC. Principal Place of Business Mailing Address 5411 WEST 6TH LANE 5411 WEST 6TH LANE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 20-0138311 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDEA & ASSOCIATES SERVICES GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) 4445 WEST 16TH AVENUE SUITE 502 HIALEAH FL 33012 City 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 Signature, typod or preried hante of registered agent and site if applicable. (NOTE Recisioned Apent signature required whos reinstatic of DATE FILE NOW !!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DEST Change TITLE Addition TIT: F Delete VAZQUEZ, ORESTES NAME NAME STREET ADDRESS 5411 WEST 6TH LANE STREET ADDRESS 1000008497019 150.00 CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP VΡ ☐ Change ☐ Addition TITLE ☐ Delete TITLE VAZQUEZ, ORESTE E . NAME NAME STREET ADDRESS 5411 W 6TH LANE STREET ADDRESS CITY-ST-7IP HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Change ■ Addition HT: F Derete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De-ete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR