


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90026 023 \*\*\*150.00

<b>DOCUMENT # P03000126867</b>	
<b>1. Entity Name</b> JPW PROFESSIONAL HOME INSPECTION, INC.	

<b>Principal Place of Business</b> 19702 NW 84TH COURT MIAMI, FL 33015	<b>Mailing Address</b> 15841 PINES BLVD #299 PEMBROKE PINES, FL 33027
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94018063



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 05-0590871	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
GONZALEZ, MARIANO R ESQ 8105 NW 155TH STREET MIAMI LAKES, FL 33016	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <b>NAME</b> LISCANO, JOSE <b>STREET ADDRESS</b> 15841 PINES BLVD #299 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> LISCANO, JOSE <b>STREET ADDRESS</b> 15841 PINES BLVD #299 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> LISTHROP, WENDALL A <b>STREET ADDRESS</b> 15841 PINES BLVD #299 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	<b>TITLE</b> TD <b>NAME</b> LISTHROP, WENDELL <b>STREET ADDRESS</b> 15841 PINES BLVD #299 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> DACHIARA, PAUL <b>STREET ADDRESS</b> 15841 PINES BLVD #299 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	<b>TITLE</b> SD <b>NAME</b> DECHIARA, PAUL <b>STREET ADDRESS</b> 15841 PINES BLVD #299 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Paul DeChiara **Paul DeChiara** **2-1-04** **954 655 3988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #