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Secretary of State
05-05-2004 90225 043 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139911

1. Entity Name
SOUTH FLORIDA'S BEST HOME INSPECTIONS, INC.

66425126

[redacted]

Principal Place of Business	Mailing Address
2001 S 101 AVENUE MIRAMAR, FL 33025	2001 S 101 AVENUE MIRAMAR, FL 33025

01192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5201 SW 31st Ave	5201 SW 31st Ave
Suite, Apt. #, etc. Unit 217	Suite, Apt. #, etc. Unit 217
City & State Ft Lauderdale, FL	City & State Ft Lauderdale, FL
Zip 33312 Country USA	Zip 33312 Country USA

4. FEI Number 20-0458960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DACOSTA, DOUGLAS
2001 S 101 AVENUE
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent
Name DACOSTA, DOUGLAS
Street Address (P.O. Box Number is Not Acceptable) 5201 SW 31st Ave
Unit 217
City Ft Lauderdale FL Zip Code 33312

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 X Douglas DaCosta
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME DACOSTA, DOUGLAS STREET ADDRESS 2001 S 101 AVENUE CITY-ST-ZIP MIRAMAR, FL 33025	☐ Delete	TITLE D NAME DACOSTA, DOUGLAS STREET ADDRESS 5201 SW 31st Ave Unit 217 CITY-ST-ZIP Ft Lauderdale, FL 33312	☑ 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
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 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: X Douglas DaCosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #