

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-08-2007 90050 036 ***150.00

DOCUMENT # P04000057987 1. Entity Name SURE HOME INSPECTIONS INC.	
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Principal Place of Business 14270 SW 29 STREET MIAMI, FL 33175	Mailing Address 14270 SW 29 STREET MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

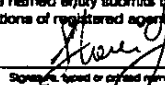
4. FEI Number 20-0965199	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLORES, LUIS
14270 SW 29 STREET
MIAMI, FL 33175**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **1-7-07**

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

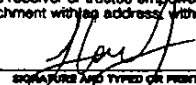
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLORES, LUIS 14270 SW 29 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  **1-7-07** **305-905-9900**

Signature and typed or printed name of signing officer or director Date Daytime Phone