

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90033 021 ***150.00

DOCUMENT # P04000087572
 1. Entity Name
 ABLE REAL STATE INSPECTORS, CORP.



Principal Place of Business: 4279 NE 30th St. HOMESTEAD FLA 33033
 Mailing Address: 4279 NE 30th St. HOMESTEAD FLA 33033

2. Principal Place of Business: 4279 NE 30 St. HOMESTEAD
 3. Mailing Address: 4279 NE 30 St.
 Suite, Apt. #, etc. - Suite, Apt. #, etc. -

City & State: HOMESTEAD - FLA -
 City & State: HOMESTEAD - FLA -
 Zip: 33033 Country: MIAMI-DADE Zip: 33033 Country: FLA - DADE

6. Name and Address of Current Registered Agent
 7. Name and Address of New Registered Agent
 Name: JESUS RUIZ
 Street Address (P.O. Box Number is Not Acceptable): 4279 NE 30 ST
 City: HOMESTEAD FLA - FL Zip Code: 33033

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005
 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RUIZ, JESUS 739 SW 3 ST MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RUIZ, MARITZA 739 SW 3 ST MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 names empowered.

SIGNATURE: Jesus Ruiz DATE: 5/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #