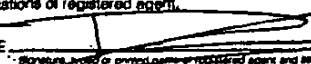
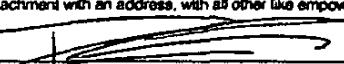


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-04-2005 90047 007 ***150.00

DOCUMENT # P04000118459			
1. Entity Name ACCURATE HOME & BUILDING INSPECTORS, INC.			
Principal Place of Business 11981 SW 144 COURT SUITE 108 MIAMI, FL 33186		Mailing Address 11981 SW 144 COURT SUITE 108 MIAMI, FL 33186	
2. Principal Place of Business 11980 SW 144 Ct Suite, Apt. #, etc. Suite 103 City & State MIAMI, FL 33186 Zip 33186 Country USA		3. Mailing Address 11980 SW 144 Ct Suite, Apt. #, etc. Suite 103 City & State MIAMI, FL Zip 33186 Country USA	
4. FEI Number 20-1492007		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVA, ROXANA 11981 SW 144 COURT SUITE 108 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Oliva, Roxana Street Address (P.O. Box Number is Not Acceptable) 11980 SW 144 Ct, Ste 103 City MIAMI FL Zip Code 33186	
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: 3/31/05 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLIVA, ROXANA 11981 SW 144 COURT #108 MIAMI, FL 33186 ☐ 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
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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: 		DATE: 3/31/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	