2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
04-04-2005 90047 007 ***150.00

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DOCUMENT # P04000118459

1. Entity Name
ACCURATE HOME & BUILDING INSPECTORS, INC.

Principal Place of Business	Mailing Address
11981 SW 144 COURT SUITE 108 MIAMI, FL 33186	11981 SW 144 COURT SUITE 108 MIAMI, FL 33186

03302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
11980 SW 144 Ct		11980 SW 144 Ct	
Suite, Apt. #, etc.: Suite 103		Suite, Apt. #, etc.: Suite 103	
City & State: miami, FL 33186		City & State: miami, FL	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. FEI Number: 20-1492607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVA, ROXANA 11981 SW 144 COURT SUITE 108 MIAMI, FL 33186	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 ______ 3/31/05
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, 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: ______ 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #