

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118459

FILED
May 27, 2008
Secretary of State

Entity Name: ACCURATE HOME & BUILDING INSPECTORS, INC.

Current Principal Place of Business:

11980 SW 144 CT
SUITE 103
MIAMI, FL 33186

New Principal Place of Business:

14921 SW 17 LN
MIAMI, FL 33185

Current Mailing Address:

11980 SW 144 CT
SUITE 103
MIAMI, FL 33186

New Mailing Address:

19789 SW 177 AVE
236
MIAMI, FL 33187

FEI Number: 20-1492667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVA, ROXANA
11980 SW 144 COURT
SUITE 103
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

OLIVA, ROXANA
14921 SW 17 LN
SUITE 103
MIAMI, FL 33186 US

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.

SIGNATURE: ROXANA OLIVA

05/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVA, ROXANA
Address: 11980 SW 144 CT., SUITE 103
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: OLIVA, ROBERTO F
Address: 11980 SW 144 CT., STE. 103
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVA, ROXANA
Address: 14921 SW 17 LN
City-St-Zip: MIAMI, FL 33185

Title: VP (X) Change () Addition
Name: OLIVA, ROBERTO F
Address: 14921 SW 17 LN
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO F. OLIVA

VP

05/27/2008

Electronic Signature of Signing Officer or Director

Date