## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 23, 2005 8:00 am Secretary of State DOCUMENT # P04000119857 02-23-2005 90077 028 \*\*\*150.00 MRI - BUILDING & HOME INSPECTIONS INC. Principal Place of Business Mailing Address 9380 SW 72 STREET 9380 SW 72 STREET ..... SUITE B211 MIAMI FL 33173 SUITE B211 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARK, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 4830 SW 87 AVENUE **MIAMI FL 33165** Zip Code FL 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE Change ☐ Addition TITLE ☐ Delete MARTIN ROORIGUEZ 4443 SW 153 PL. MIAMI, FL 33185 CLARK, EDWARD A NAME NAME 9380 SW 72 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173 VS** Delete TITLE ☐ Change ☐ Addition MONSALVE, ALVARO J NAME STREET ADDRESS STREET ADDRESS 9380 SW 72 STREET CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP ☐ - Delcte TITLE. \_ Change \_\_\_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Edward a. Clark EDWARD A. CLARK 2-16-05 305 2748470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

Date

Date

Description Prome of

FILED