

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 002 ***150.00

DOCUMENT # P04000129296

1. Entity Name

S & D HOME INSPECTIONS, INC.



Principal Place of Business

**8701 SW 141 ST.
H-1
MIAMI FL 33176**

Mailing Address

**8701 SW 141 ST.
H-1
MIAMI FL 33176**

2. Principal Place of Business

14325 S.W 96 LANE
Suite, Apt. #, etc.

3. Mailing Address

14325 S.W 96 LANE
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33186

Country
DADE

Zip
33186

Country
DADE

1st MOORE

CR2E034 (10/05)



4. FEI Number

55-0883915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, RAUL
8701 SW 141 ST
H-1
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

02-08-2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRE
SANCHEZ, EMERIO
8701 SW 141 ST., H-1
MIAMI FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DIAZ, RAUL
8701 SW 141 ST., H-1
MIAMI FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRE
SANCHEZ, EMERIO
14325 S.W 96 LANE
MIAMI, FL 33186** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 exemptions contained in Section 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-06 (786) 277-2017

Date

Daytime Phone #