


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90034 021 ***150.00

DOCUMENT # P04000140524 1. Entity Name A & M HOME INSPECTION GROUP, INC.			
Principal Place of Business 5425 SW 77TH CT APT 101D MIAMI, FL 33155		Mailing Address 5425 SW 77TH CT APT 101D MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 9225 SW 87 Ave.		3. Mailing Address P.O. Box 558905	
Suite, Apt. #, etc. APT A5		Suite, Apt. #, etc. MIAMI, FLORIDA	
City & State MIAMI, FL		City & State MIAMI, FLORIDA	
Zip 33176		Zip 33255	
Country USA		Country USA	
6. Name and Address of Current Registered Agent CASTILLO, SANTOS M 5425 SW 77TH CT APT 101D MIAMI, FL 33155		7. Name and Address of New Registered Agent Name CASTILLO, SANTOS M. Street Address (P.O. Box Number is Not Acceptable) 9225 SW 87 Ave. APT A5 City MIAMI	
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: <u><i>Santos M. Castillo</i></u>		DATE: <u>7/30/07</u>	
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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME CASTILLO, SANTOS M	TITLE President & Director	NAME CASTILLO, SANTOS M.
STREET ADDRESS 5425 SW 77TH CT APT 101D	CITY-ST-ZIP MIAMI, FL 33155	STREET ADDRESS 9225 SW 87 Ave. APT A5	CITY-ST-ZIP MIAMI, FL 33176
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Santos M. Castillo</i></u>		DATE: <u>7/30/07</u>	
Signature and typed or printed name of signing officer or director		Daytime Phone #: <u>305-781-1721</u>	