

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166490

FILED
Apr 25, 2005
Secretary of State

Entity Name: FLORIDA METROPOLITAN INSPECTION HOMES,INC.

Current Principal Place of Business:

7667 WEST SAMPLE ROAD
414
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

7667 WEST SAMPLE ROAD
414
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-1988497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUNOZ, INES
4159 NW 90TH AVENUE
101
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MUNOZ, JOSE L
Address: 4159 NW 90TH AVENUE, APT # 101
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: MUNOZ, INES
Address: 4159 NW 90TH AVENUE, APT # 101
City-St-Zip: CORAL SPRINGS, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSELMUNOZ

P

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date