## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 26, 2007 08:00 A Secretary of State **DOCUMENT # P05000017895** J.A.G. HOME INSPECTION INC. Principal Place of Business Mailing Address 2075 SW 122 AVENUE #222 2075 SW 122 AVENUE #222 MIAMI, FL 33175 MIAMI, FL 33175 CR2E034 (11/05) 03112007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2778976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GRANDIO, LEONARD J JR. DO NOT WRITE 2075 SW 122 AVENUE #222 MIAMI, FL 33175 IN THIS SPACE 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 regulated agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GRANDIO, LEONARD J JR. STREET ADDRESS 2075 SW 122 AVENUE #222 CFTY-ST-ZIP MIAMI, FL 33175 TITLE NAME U00000732467 05/09/07-80047-004 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE

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:

NAME STREET ADDRESS

ER OR DIRECTOR

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