2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 21, 2007 8:00 am Secretary of State DOCUMENT # P05000045044 05-21-2007 90053 046 ***150.00 JALINARES ENTERPRISE HOME INSPECTOR INC Principal Place of Business Mailing Address 40147 13731 SW 119TH AVE 13731 SW 119TH AVE MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u> 3041</u> S 3041 = Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (12/06) 05072007 Chg-P Applied For 4. FEI Number 20-2551270 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINARES, JOSE A SR Street Address (P.O. Box Number is Not Acceptable) 13731 SW 119TH AVE MIAMI, FL 33186 City 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 inaien. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change Addition TITLE LINARES, JOSE A NAME STREET ADDRESS 13731 SW 119TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME CARRION, CYNTHIA L NAMÉ 13731 SW 119TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-7IP ☐ Delete TITLE TITLE CARRION, DOLORES A NAME NAME 13731 SW 119TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-7IP ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition 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 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. HOVE A HUCLO, ... SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Date

Daytime Phone #

FILED