

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113045

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: MATZ HOME INSPECTIONS & REPAIRS, INC.

## Current Principal Place of Business:

8146 NW 21ST CT  
SUNRISE, FL 33322

## New Principal Place of Business:

2331 N STATE ROAD 7  
215  
LAUDERHILL, FL 33313

## Current Mailing Address:

8146 NW 21ST CT  
SUNRISE, FL 33322

## New Mailing Address:

2331 N STATE ROAD 7  
215  
LAUDERHILL, FL 33313

FEI Number: 65-1256921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, MARCUS  
8146 NW 21ST CT  
SUNRISE, FL 33322 US

## Name and Address of New Registered Agent:

WILLIAMS, MARCUS  
2331 N STATE ROAD 7  
215  
LAUDERHILL, FL 33313 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, MARCUS  
Address: 8146 NW 21ST CT  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete  
Name: WILLIAMS, LATOSHA  
Address: 8146 NW 21ST CT  
City-St-Zip: SUNRISE, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, MARCUS  
Address: 2331 N STATE ROAD 7 UNIT 215  
City-St-Zip: LAUDERHILL, FL 33313

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, LATOSHA  
Address: 2331 N STATE ROAD 7 UNIT 215  
City-St-Zip: LAUDERHILL, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LW

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date