2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2007 08:00 AM Secretary of State

ANNUAL REPORT				_	T C	acratai	y of Stat
DOCU	MENT # P050001207			30	ecretai	y of Stat	
	HOICE INSPECTIONS, INC.	•					
Principal Plac	ce of Business	Mailing Address	-1	1			
99 NW 38 S MIAMI, FL 3		99 NW 38 ST MIAMI, FL 33127					
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DO NOT WRITE IN THIS SPA			CF	01302007		CR2E034 (· · · · · · · · · · · · · · · · · · ·
		5.7.	-	4. FEI Numb			Applied For Not Applicable
				5. Certificate	e of Status Desired		75 Additional Required
	6. Name and Address of Current Ro	gistered Agent					
BORGES, JOSE R				DO	NOT W	RITE	
99 NW 38 ST MIAMI, FL 33127							
				IN	THIS SF	ACE	
8. The above	named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or be	oth, in the State of Flo	orida. I am famil	iar with, and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Registera	id Agent signature required	when reinstating)		DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS			.		
TITLE NAME	P BORGES, JOSE R				uaaaaa	o a a more	
STREET ADDRESS	99 NW 38 ST					514705 80042-00	150.00
CITY-ST-ZIP	MIAMI, FL 33127			OF OR OL		1.00.00	
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NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE			1				

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 CITY-ST-ZIP

SHATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BSER BONGES

01/36/07

(786) 260-9333

Daytime Phone #