

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018807

FILED
Apr 10, 2008
Secretary of State

Entity Name: BESTEC HOME INSPECTIONS, INC.

Current Principal Place of Business:

323 SE 1ST AVENUE
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

323 SE 1ST AVENUE
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 20-4311822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAN STANDER, P.A.
4040 HOLLYWOOD STREET
HOLLYWOOD, FL 33021 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: BRUNI, BART
Address: 130 SE 5TH AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TRES () Delete
Name: BRUNI, HARRIET BATES
Address: 323 SE 1ST AVE
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRUNI, BART
Address: 130 SE 5TH AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

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

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: HARRIET BATES BRUNI

TRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date