2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

DOCUMENT # P06000091385 1. Entity Name A.R.K. INSPECTION SERVICES, INC.							04-16-2	2007 900	84 014 ***	150.00
Principal Place of Business Mailing Address							ለሰሶ ኃብ ን'	7		
P.O. BOX 112036 HIALEAH, FL 33011		P.O. BOX 112036 HIALEAH, FL 33011				40063037				
							I IN Sinie B uiu es ia se au	011)) CONB (11)		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				0328200	7 Chg-P	CR2	E034 (12/06)	
City & State		City & State				 				pplied For ot Applicable
Zip	Country Zip Co		Count	try	5. Certificate of Status Desired			d 🗆	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent				7. Name a	nd Address of Ne	w Registere	<u> </u>	
		<u> </u>		Name						
CORPORATION SERVICE COMPANY				ROLANDO FERNANDEZ						
1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable) 3.7.1 NW 1.8 TERR						
IALLAIIA	33EE, FE 32301					*****	 			
				City		ıT		F	L Zip Coo	le 3 C
8. The above	named entity submits this statement fo	or the/purpose of changing its i	registere				both, in the State of	Florida. I a	m familiar with	and accept
the obligat	tions of registered agent	1 01	1	-		/			/ /	
SIGNATURE.	/ lebondo/fin	11 · KolA	Ndo	400	NA	WE 2		3,	130/0	5フ
0.0.0	Signature, typed or printed name degistered agent	and the Kappilcable. (NOTE:	: Registered	i Agent signatur	re required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		cing	\$5. Adde	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITION	S/CHANGES TO C	FFICERS A	ND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE		SEC	RETAR	Y		Change	Addition
NAME	FERNANDEZ, ROLANDO		NAME		ROL	ANDO	FERNANDE	Z	Λ	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 112036 HIALEAH, FL 33011			T AODRESS ST-ZIP	337	1 NW	18 TERR	MTAMT	FL 33	125
TITLE	THALLAN, I'L 00011	□ Delete	TITLE							
NAME		CT Delete	NAME	1		SIDEN		17	☐ Change	Addition
STREET ADDRESS			STREE	TADORESS			FERNANDE		TT 224	4.5
CITY-ST-ZIP			CITY-	ST-ZIP	307	' I NW	31 ST MI	AMI	FL 331	45
TITLE		☐ Delete	TITLE			·			☐ Change	☐ Addition
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				T AODRESS						
				ST-ZIP						
TITLE NAME		☐ Delete	TITLE	1					Change	☐ Addition
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE	-	☐ Delete	TITLE						☐ Change	Addition
NAME			NAME						•	_
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		····	+	ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS			SMAN	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
						in Chantan 4	19, Florida Statutes			

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 a page ress, with all other like empowered.

GNATURE:

SIGNATURE AND PRED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat

786-6062742