

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-02-2007 90018 023 ***150.00

DOCUMENT # P06000134817

1. Entity Name
A.S.R. HOME INSPECTION INC.



Principal Place of Business
**18495 SOUTH DIXIE HIGHWAY
256
MIAMI, FL 33157**

Mailing Address
**18495 SOUTH DIXIE HIGHWAY
256
MIAMI, FL 33157**

2. Principal Place of Business - No P.O. Box #

18495 South Dixie Highway

3. Mailing Address

18495 South Dixie Highway

Suite, Apt. #, etc.

256

Suite, Apt. #, etc.

256

City & State

Miami FL

City & State

Miami, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

02192007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5759345

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SORIANO, ANNIU
18495 SOUTH DIXIE HIGHWAY
256
MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name **Soriano, Annielu**

Street Address (P.O. Box Number is Not Acceptable)

18495 South Dixie Highway # 256

City **Miami FL**

FL

Zip Code **33157**

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SORIANO, ANNIU**
STREET ADDRESS **11020 SW 165 TERR**
CITY - ST - ZIP **MIAMI, FL 33157**

TITLE **VP** ☐ Delete
NAME **RUIZ, SHEILEY**
STREET ADDRESS **11020 SW 165 TERR**
CITY - ST - ZIP **MIAMI, FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28/07 786 348-7921