2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045982

Entity Name: MOLD PROFESSIONAL INSPECTION INC

FILED May 02, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|---|---|--|---|--|--|
| | 83RD AVENU PRINGS, FL 3 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | 83RD AVENU PRINGS, FL 3 | | | | |
| FEI Number | : 20-8848591 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| | OMBIE ACCOL 117TH AVEN 33177 US | | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered A | gent | Date | |
| | | 3(2)(b), F.S., the corporation did r g Trust Fund Contribution (). | not receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PTSD (FIGUEROA, RI 1098 NW 83RI CORAL SPRIN | AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: RICARDO FIGUEROA PTSD 05/02/2009