

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-02-2008 90040 019 ***150.00

DOCUMENT # P07000071959 1. Entity Name O.P.C. HOME INSPECTION, INC.					
Principal Place of Business 17890 W DIXIE HWY SUITE 504 N MIAMI BEACH FL 33160 US			Mailing Address 17890 W DIXIE HWY SUITE 504 N MIAMI BEACH FL 33160 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 26-0424351			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARUCCI, OSCAR 17890 W DIXIE HWY SUITE 504 N MIAMI BEACH FL 33160			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 title (if applicable) (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	NAME	CARUCCI, OSCAR	TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	17890 W DIXIE HWY SUITE 504	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	N MIAMI BEACH FL 33160	CITY-ST-ZIP	
TITLE	☐ Delete	NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	NAME		TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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			OSCAR CARUCCI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/19/08 (305) 336-8614		