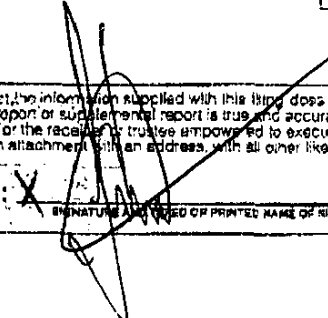


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90016 005 ***150.00

DOCUMENT # P07000087898					
1. Entity Name CARAMES PROFESSIONAL HOME INSPECTIONS, INC.					
Principal Place of Business 16841 SW 147 COURT MIAMI, FL 33187			Mailing Address 16841 SW 147 COURT MIAMI, FL 33187		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0699614	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARAMES, JESUS A 16841 SW 147 COURT MIAMI, FL 33187				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, word or printed name of registered agent and title if applicable (AOI) Registered Agent signature required when completing DATE _____					
FILE NOW! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
PS	CARAMES, JESUS A	16841 SW 147 CT	MIAMI, FL 33187		
VP	CARAMES, EVELYN	16841 SW 147 CT	MIAMI, FL 33187		
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 the registered 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: 			5/19/08		
SIGNATURE AND WORD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		