2008 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Jul 14, 2008 8:00 am Secretary of State 07-14-2008 90032 031 ***158.75

DOCUMENT # P0700090636 1. Entity Name DE LA FE CERTIFIED BUILDING INSPECTORS, INC.					07-14-2008 90032 031 ***158.75				
Principal Plac	ce of Business	Mailing Address			•				
4759 PALM AVENUE		4759 PALM AVENUE		·					
# 226 Hialeah, Fl 33012 US		# 226 Hialeah, Fl 33012 US							
		THALLAH, TE SSOTE	TIMEENI, TE 33012 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092008	Chg-P		034 (12/06)	
City & State		City & State			4. FEI Numb	39 - 2060	772	Ap No	oplied For ot Applicable
Žip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	gistered		
DE LA EE EDNECTO				Name					
DE LA FE, ERNESTO 4759 PALM AVENUE # 226				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33012									
			City				FL	Žip Cod	
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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	23.4			<u> </u>		·			
FILE NOWIII FEE IS \$150.00 9. Election Due by September 12, 2008 Trust F			iign Finai tribution.		5.00 May Be dded to Fees	In accordance w corporation did r	ith s. 60' not receiv	7.193(2)(b), ve the prior of	F.S., the notice.
10.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P PELA EE EDNESTO	☐ Delete	TITL	l l				Change	Addition
STREET ADDRESS	DE LA FE, ERNESTO 4759 PALM AVENUE #226		NAM STRI	EET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33012			(-ST-2IP					
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CITY-ST-ZIP				r-ST-ZIP					
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CITY-ST-ZIP			CITY	'-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP					
TITLE			_					Character	- Addition
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TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME ADDRESS			NAM						
STREET ADDRESS CITY-ST-ZIP			- 1	EET ADDRESS					
 	partify that the information as all the later	h ship fillion place and account of		'-ST-ZIP	and in Obs	o file de file de la constant			
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 receiver or trustee empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 on an attachment with an address with all other like empawared.									