

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110342

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: ALL ESTATE HOME INSPECTIONS OF MIAMI, CORP.

**Current Principal Place of Business:**

13800 SW 174 STREET  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

13800 SW 174 STREET  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 26-1188529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VEGA, CLAUDIA P  
13800 SW 174 STREET  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VEGA, CLAUDIA P  
Address: 13800 SW 174 STREET  
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete  
Name: LAVERDE, FABIO E  
Address: 13936 SW 90 AVE APT#CC208  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: LAVERDE, KATHERINE N  
Address: 13194 SW 190 LANE  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDIA P. VEGA

MS.

06/23/2009

Electronic Signature of Signing Officer or Director

Date