

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000001815 1. Entity Name FLORIDA INSPECTION EQUIPMENT LTD., INC.	
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Principal Place of Business 343 ALMERIA CORAL GABLES, FL 33134	Mailing Address 10302 S. FEDERAL HWY., PMB 244 PORT ST LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0546935	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVE. CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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)	DATE _____ (NOTE: Registered Agent signature required when registering)
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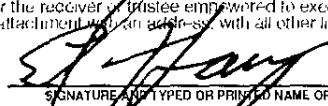
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HAUGEN, EDWIN F C/O 343 ALMERIA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S HAUGEN, BETTY D C/O 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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IN THIS SPACE**

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02/02/05-80067-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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 to an address, with all other like empowered.

SIGNATURE: 	E.F. HAUGEN	JAN. 26/05	(905) 875-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #