


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P95000089647 |  |
| 1. Entity Name HOME PLUS INSPECTIONS, CORPORATION | |


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|---|---|
| Principal Place of Business 6047 SW 25TH STREET MIAMI, FL 33155 | Mailing Address 6047 SW 25TH STREET MIAMI, FL 33155 |
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DO NOT WRITE IN THIS SPACE

FILED

04 APR 28 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092004 No Chg-P CR2E034 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-0668046 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MORALES, JOSE R 6047 SW 25TH STREET MIAMI, FL 33155 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 500035822315 05/10/04--01079--020 **150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORALES, JOSE R 6047 SW 25TH STREET MIAMI, FL 33155 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date: 4/23/04 Daytime Phone #: 305-444-7602