

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90285 021 ***158.75

17305-272A Δ11A

DOCUMENT # P98000053534

1. Entity Name
ALL IN ONE INSPECTIONS & REPAIRS CORP.



04-23-2003 90285 021 ***158.75

Secretary of State

Principal Place of Business
8841 W FLAGLER ST. SUITE 113
MIAMI FL 33174

Mailing Address
8841 W FLAGLER ST. SUITE 113
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address
15044 SW 67 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

Zip

Country

Zip
33193

Country
US

4. FEI Number
65-0846215

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAPEYRE, CARLOS
15044 SW 67 LANE
MIAMI FL 33193

7. Name and Address of New Registered Agent

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 of Carlos LaPeyre]

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LAPEYRE, CARLOS
15044 SW 67 LANE
MIAMI FL 33193

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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 receiver 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 of Carlos LaPeyre]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #