

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90208 009 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

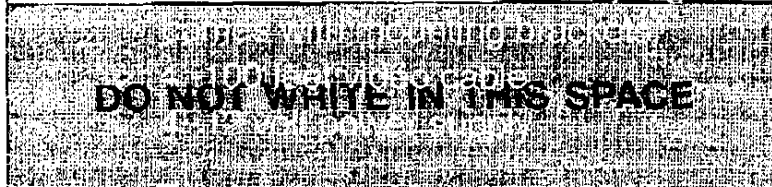
DOCUMENT # P99000087658	
1. Entity Name LATITUDE 24 INSPECTION SERVICES, INC.	



Principal Place of Business 1800 ATLANTIC BOULEVARD C-319 KEY WEST, FL 33040	Mailing Address 1800 ATLANTIC BOULEVARD C-319 KEY WEST, FL 33040
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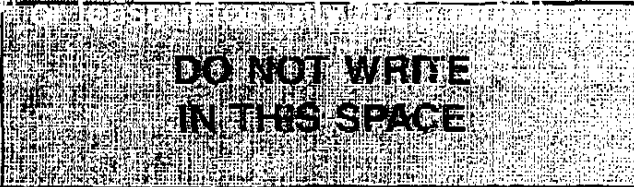
04302004 No Chg-P CR2E934 (10/03)



4. FEI Number 66-0953361	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

5. Name of Agent, Officer, Registered Agent

JORDAN, ED
14442 S.W. 172ND LANE
MIAMI, FL 33177



6. 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.

NA

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and so if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VITALE, MARK J 1800 ATLANTIC BLVD #C319 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 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: M. J. Vitale Date: 29 April 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR