2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 04, 2004 8:00 am **Secretary of State** DOCUMENT # P02000072336 1. Entity Name 03-04-2004 90018 003 ***150.00 VPS APPRAISALS INC. 1 Principal Place of Business Mailing Address 7430 SW 59TH COURT 7430 SW 59TH COURT APT #B10 MIAMI FL 33143-5184 APT #B10 MIAMI FL 33143-5184 2. Principal Place of Business 3. Mailing Address 5950 SW 74th STREET 5950 SW 74th STREET Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 301 301 City & State City & State 4. FEI Number Applied For 03-0470930 SOUTH MIAMI FLORIDA SOUTH MIAMI, FLORIDA Not Applicable Zip Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired 33143 - 5159 33143-5159 V.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DA COSTA, VALTER JR. -DA COSTA, VALTER JR. Street Address (P.O. Box Number is Not Acceptable) 5950 SW 34th STREET # 301 7430 SW 59TH COURT APT #B10 MIAMI FL 33143-5168 SOUTH MIAMI 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. gent and title 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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition DA COSTA, VALTER JR. 5950 SW 74th STREET #301 DA COSTA, VALTER JR. NAME NAME STREET ADDRESS 7430 SW 59TH COURT, #B10 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143-5168 CITY-ST-7IP SOUTH MIAMI, FL 33143-5159 TITLE ☐ Delete TITLE ☐ Addition MARTINS, SCHELEGA S NAME MARTINS, SCHELEGA S NAME 5950 SW 74th STREET#301 STREET ADDRESS 7430 SW 59TH COURT, #B10 STREET ADDRESS SOUTH MIAMI, FL 33143 -5159 CITY-ST-ZIP MIAMI FL 33143-5168 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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(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.

FILED