2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90088 027 ***150.00

DOCUMENT # P05000016983

1. Entity Name
PROFESSIONAL APPRAISERS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2574 N. UNIVERSITY DRIVE SUITE 218 SUNRISE, FL 33322	2574 N. UNIVERSITY DRIVE STE 218 SUNRISE, FL 33322

01132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5300 NW 33RD AVE	5300 NW 33RD AVE
Suite, Apt. #, etc. # 219	Suite, Apt. #, etc. # 219
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip / Country 33309 / USA	Zip / Country 33309 / USA

4. FEI Number
20-2284035
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OROZCO, JOSE M 2574 N. UNIVERSITY DRIVE STE 218 SUNRISE, FL 33322	Name: JOSE M. OROZCO Street Address (P.O. Box Number is Not Acceptable): 5300 NW 33RD AVE. # 219 City: FORT LAUDERDALE FL Zip Code: 33309

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 _____ 04/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	P OROZCO, JOSE M ~~2574 N UNIVERSITY DRIVE SUITE 218~~ ~~SUNRISE, FL 33322~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ Change ☐ Addition	5300 NW 33RD AVE. #219 FT. LAUDERDALE, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OROZCO, BEATRIZ E ~~2574 N UNIVERSITY DRIVE SUITE 218~~ ~~SUNRISE, FL 33322~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ Change ☐ Addition	11 2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OROZCO, JOSE D ~~2574 N UNIVERSITY DRIVE SUITE 218~~ ~~SUNRISE, FL 33322~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ Change ☐ Addition	11 2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OROZCO, JUAN P ~~2574 N UNIVERSITY DRIVE SUITE 218~~ ~~SUNRISE, FL 33322~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~X~~ Change ☐ Addition	11 2
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JOSE OROZCO 04/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #