

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000128160 1. Entity Name USA APPRAISERS CENTER INC.	
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Principal Place of Business 715 S.W. 73RD AVENUE SUITE 4 MIAMI, FL 33144	Mailing Address 715 S.W. 73RD AVENUE SUITE 4 MIAMI, FL 33144
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FILED
Sep 03, 2008 08:00 AM
Secretary of State



07122008 No Chg-P CR2E034 (11/05)

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4. FEI Number 13-4308879	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEJIDO, JOSEPH 5701 COLLINS AVE. #1604 MIAMI BEACH, FL 33140	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIDO, JOSEPH 5701 COLLINS AVENUE, #1604 MIAMI BEACH, FL 33140
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09/03/08-80010-019 150.00

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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 *Joseph Mejido* **JOSEPH MEJIDO** **8/29/08** **(786-303-3183)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #