## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 527608**

FILED Apr 27, 2005 Secretary of State

Entity Name: APPRAISAL AND REAL ESTATE ECONOMICS ASSOCIATES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9400 S DA PENTHOL MIAMI, FL					
Current Mailing Address:		New Mailing Addres	New Mailing Address:		
9400 S DA PENTHOL MIAMI, FL					
FEI Number	: 59-1729352	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
9400 S DA PENTHOU MIAMI, FL The above	33156 US		ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Age	ent	Date	
Election Ca		Trust Fund Contribution ( ).			
			ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
	mpaign Financing S AND DIRECT PD () I MICHAEL Y. CAN	ORS: Delete INON, ND BLVD PENTHOUSE ONE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
OFFICER Title: Name: Address:	S AND DIRECT  PD () I  MICHAEL Y. CAN 9400 S DADELAI  MIAMI, FL 3315	ORS: Delete INON, ND BLVD PENTHOUSE ONE 3 Delete E. ND, BLVD PH1	Title: Name: Address:		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () [ MICHAEL Y. CAN 9400 S DADELAI MIAMI, FL 33150 V () [ VALERA, JOSE 6 9400 S DADELAI MIAMI, FL 33150	ORS: Delete INON, ND BLVD PENTHOUSE ONE 3 Delete E. ND, BLVD PH1 3 Delete D BC JR AND BLVD PH1	Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD () I MICHAEL Y. CAN 9400 S DADELAI MIAMI, FL 33150 V () I VALERA, JOSE 9400 S DADELAI MIAMI, FL 33150 V () I YEOMANS, DAVI 94000 S DADELAI MIAMI, FL 33150 MIAMI, FL 33150 MIAMI, FL 33150	ORS: Delete INON, ND BLVD PENTHOUSE ONE B Delete E. ND, BLVD PH1 B Delete D BC JR AND BLVD PH1 B Delete A. Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL Y. CANNON P 04/27/2005