2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73302

FILED Feb 12, 2012 Secretary of State

Entity Name: LOZANO APPRAISAL SERVICE INC.

| | 7 17 1107 12 02111102, 1110. | | |
|---|---------------------------------|-----------------------------------|--------------------------------------|
| Current Principal Place of | f Business: | New Principal Place of Business: | |
| % RON LOZANO 4409 THATCHER AVENUE TAMPA, FL 33614 | : | | |
| Current Mailing Address: | | New Mailing Address: | |
| % RON LOZANO 4409 THATCHER AVENUE TAMPA, FL 33614 | : | | |
| FEI Number: 59-2591920 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | New Registered Agent: |
| LOZANO, RON 4409 THATCHER AVENUE TAMPA, FL 33614 US | <u>:</u> | | |
| The above named entity sub in the State of Florida. | omits this statement for the pu | urpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic | Signature of Registered Ager | nt | Date |
| OFFICERS AND DIRECTO | DRS: | | |
| | | | |

Title:

 Name:
 LOZANO, RON

 Address:
 5550 AVE DU SOLEIL

 City-St-Zip:
 LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: RON LOZANO PRES 02/12/2012