~2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K51446

1. Entity Name

THE REPUBLIC APPRAISAL CO. II, INC.



FILED Jul 07, 2004 08:00 AM Secretary of State

Principal Place of Business

10621 N KENDALL DR

1119

MIAMI, FL 33176 US

Mailing Address

10621 N KENDALL DR

119

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33176 US



07012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0086862 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABRIEL GARCIA-MENOCAL 10621 N KENDALL DRIVE #119

MIAMI, FL 33176

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	The above named entity submits this statement for the ne obligations of registered agent.	purpose of cha	nging its registered office of	or registered agent, or both	i, in the State of Florida.	I am familiar with, and accept	
SIG	NATURE				·		
	Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstalling)			DATE	
				4- 4-			

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

 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	D GARCIA-MENOCAL, GABRIEL 10621 N KENDALL DR 119 MIAMI, FL	- سبو					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-MENOCAL, AMERICA 10621 N KENDALL DR 119 MIAMI, FL						
TITLE NAME STREET ADDRESS							

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplied that are an officer or director of the corporation or the receiver or trusted employeered 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, withfall other like empowered.

SIGNATURE:

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NAME
STREET ADDRESS
CITY-ST-ZIP

ITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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