

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 26 AM 8:40

SECRETARY OF STATE
ALLAHASSEE, FLORIDA



07052005 No Chg-P CR2E034 (10/03) *TH 9/27*

4. FEI Number **65-0159909** Applied For Not Applicable

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

DOCUMENT # M60388
1. Entity Name
APPRAISAL ASSOCIATES OF DADE, INC.



Principal Place of Business
6171 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

Mailing Address
6171 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PENA, JOHN
6171 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PENA, JOHN P.
STREET ADDRESS	6171 MIAMI LAKES DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	STD
NAME	PENA, JOHN P
STREET ADDRESS	6171 MIAMI LAKES DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	VD
NAME	PENA, JOHN
STREET ADDRESS	6171 MIAMI LAKES DRIVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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09/26/05--01002--001 **158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *John P Pena* Date: *9/21/05*