


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 04, 2007 08:00 A
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0159909	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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

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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: *John P. Pena N/A* DATE: 4/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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	

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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: *John P. Pena* DATE: 4/27/07 DAYTIME PHONE #: (305) 828-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #