2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N06000005498

Entity Name: SOUTH FLORIDA/GREATER MIAMI CHAPTER OF THE INTERNATIONAL SOCIETY OF APPRAISERS, INC.

Current Principal Place of Business:

UNITED APPRAISAL GROUP
3079 NE 183RD LANE
AVENTURA, FL 33160

New Principal Place of Business:

DORA VALDES-FAULI ART SERVICES
2655 LE JEUNE ROAD, SUITE 546
CORAL GABLES, FL 33134 US

Current Mailing Address:

UNITED APPRAISAL GROUP
3079 NE 183RD LANE
AVENTURA, FL 33160

New Mailing Address:

DORA VALDES-FAULI ART SERVICES
2655 LE JEUNE ROAD, SUITE 546
CORAL GABLES, FL 33134 US

FEI Number: 80-0147494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, DOROTHY
1201 SE 64 ST
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

VALDES-FAULI, DORA
2655 LE JEUNE ROAD
SUITE 546
CORAL GABLES, FL 33134 US

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.

SIGNATURE: DORA VALDES-FAULI 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FIDEL, MONICA
Address: 1018 SW 43RD AVENUE
City-St-Zip: MIAMI, FL 33134

Title: V ( ) Delete
Name: LONG, DOROTHY
Address: 2441 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: S ( ) Delete
Name: INGALLS, CHRIS
Address: 3301 NE 5TH AVENUE #710
City-St-Zip: MIAMI, FL 33137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: VALDES-FAULI, DORA
Address: 2655 LE JEUNE ROAD, SUITE 546
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA VALDES-FAULI TREA 04/29/2009
Electronic Signature of Signing Officer or Director Date