## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000018516

FILED Jul 08, 2005 Secretary of State

Entity Name: CABALLERO APPRAISAL SERVICES & ASSOCIATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1345 LINCOLN ROAD 1911 SW 33 CT SUITE 904 MIAMI, FL 33145 MIAMI BEACH, FL 33139

**New Mailing Address: Current Mailing Address:** 

1345 LINCOLN ROAD 1911 SW 33 CT SUITE 904 MIAMI, FL 33145 MIAMI BEACH, FL 33139

FEI Number: 52-2137578 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CABALLERO, LUIS M CABALLERO, LUIS M 1345 LINCOLN ROAD 1911 SW 33 CT SUITE 904 MIAMI, FL 33145 US MIAMI BEACH, FL 33139 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: LUIS CABBALLERO 07/08/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition CABALLERO, LUIS M Name: Name: CABALLERO, LUIS M

1345 LINCOLN ROAD 1911 SW 33 CT Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI, FL 33145

Title: VPD Title: () Delete () Change () Addition CABALLERO, ELENA Name: Name:

2035 S.W. 84TH AVE. Address: Address: MIAMI, FL 33155 City-St-Zip: City-St-Zip:

( ) Delete VPD Title: Title: () Change () Addition

CABALLERO, JUAN Name: Name: 2035 SW 84TH AVE. Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

CABALLERO, LUIS G Name: Name: Address: 2035 SW 84TH AVE. Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUIS CABBALLERO **PRES** 07/08/2005