2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045892

Entity Name: SOUTHCOAST APPRAISERS, INC.

FILED Mar 18, 2005 Secretary of State

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

8275 W. 12 AVENUE 8275 W. 12 AVENUE SUITE 206 SUITE 205-C HIALEAH, FL 33014 HIALEAH, FL 33014

Current Mailing Address: New Mailing Address:

8275 W. 12 AVENUE 8275 W. 12 AVENUE SUITE 206 SUITE 205-C HIALEAH, FL 33014 8275 W. 12 AVENUE SUITE 205-C HIALEAH, FL 33014

FEI Number: 65-1007056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 MODIA, LUIS
 MODIA, LUIS

 8275 W. 12 AVENUE
 8275 W. 12 AVENUE

 SUITE 205
 SUITE 205-C

 HIALEAH, FL 33014 US
 HIALEAH, FL 33014 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: 03/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD () Delete Title: PVD (X) Change () Addition Name: MODIA, LUIS Name: MODIA, LUIS

Address: 8275 W 12 AVENUE, SUITE 205 Address: 8275 W 12 AVENUE, SUITE 205-C

City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33014

() Delete Title: Title: (X) Change () Addition Name: SANCHEZ-MODIA, MIRIAM Name: SANCHEZ-MODIA, MIRIAM 8275 W 12 AVENUE, SUITE 205 Address: 8275 W 12 AVENUE, SUITE 205-C Address: HIALEAH, FL 33014 HIALEAH, FL 33014 City-St-Zip: 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 MODIA PVD 03/18/2005