05/12/2004 15:14 3059404054 SGITTLESON

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State
06-10-2004 90002 023 ***150.00

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1. Entity Name
RGS REAL ESTATE APPRAISAL SERVICES INC.

Principal Place of Business	Mailing Address
17340 NE 12TH CT. N. MIAMI BEACH, FL 33162	17340 NE 12TH CT. N. MIAMI BEACH, FL 33162

54057078

03062003 No Chg:P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020942
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GITTLESON, SHELDON CPA
1100 NE 163RD ST
SUITE 401
NORTH MIAMI BEACH, FL 33162

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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: _____
Name of New Registered Agent and/or Registered Agent's Authorized Signature DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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	PD
NAME	SCHWARTZ, RONALD G
STREET ADDRESS	17340 NE 12TH CT.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	VD
NAME	SCHWARTZ, ROBERTA
STREET ADDRESS	17340 NE 12TH CT.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: