


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90087 005 ***150.00


| | |
|---|---|
| DOCUMENT # P00000111560 |  |
| 1. Entity Name APPRAISAL NETWORK OF S. FLORIDA CORP. | |

| | |
|--|--|
| Principal Place of Business 13012 SW 120 ST MIAMI, FL 33186 US | Mailing Address 13012 SW 120 ST MIAMI, FL 33186 US |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 1577 SE 20th Terr. | 3. Mailing Address 1577 SE 20th Terr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------|-------------------------------|
| City & State Homestead, FL | City & State Homestead, FL |
| Zip 33035 | Country US |
| Zip 33035 | Country US |

60008920



01192007 Chg-P CR2E034 (12/06)

| | |
|--|-------------------------------|
| 4. FEI Number 65-1061409 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent OTERO, FRANCISCO 2006 SAN REMO CIRCLE HOMESTEAD, FL 33035 | 7. Name and Address of New Registered Agent Name Otero, Francisco Street Address (P.O. Box Number is Not Acceptable) 1577 SE 20th Terr. City Homestead FL Zip Code 33035 |
|--|---|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> Delete | TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME OTERO, FRANCISCO | | NAME Otero, Francisco | |
| STREET ADDRESS 2006 SAN REMO CIRCLE | | STREET ADDRESS 1577 SE 20th Terr. | |
| CITY-ST-ZIP HOMESTEAD, FL 33035 | | CITY-ST-ZIP Homestead, FL 33035 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:  FRANKY OTERO 1-22-7 786 3440469

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