

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # P01000028483 | | | | | |
| 1. Entity Name VALINOTTI APPRAISALS, INC. | | | | | |
| Principal Place of Business 14230 GLENCAIRN RD MIAMI LAKES, FL 33016 | | | Mailing Address 14230 GLENCAIRN RD MIAMI LAKES, FL 33016 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1086694 | |
| 5. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GARCIA VALINOTTI, ANTOLIN H 14230 GLENCAIRN RD MIAMI LAKES, FL 33016 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE: <i>[Signature]</i> | | | | DATE: 1/26/07 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) | | | | \$8.75 Additional Fee Required | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PD GARCIA VALINOTTI, ANTOLIN H 14230 GLENCAIRN RD MIAMI LAKES, FL 33016 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000609570 02/01/07-80055-010 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <i>[Signature]</i> | | | | Date: 1/26/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone #: 305 827-4614 | |