2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000033237

Entity Name

SOUTHERN LAND APPRAISAL INC.



FILED
Mar 02, 2006 08:00 A
Secretary of State

Applied For

Not Applicable

Principal Place of Business

10740 SW 47TH STREET MIAMI, FL 33165

Mailing Address

10740 SW 47TH STREET MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0416067

6. Name and Address of Current Registered Agent

PEREZ, RICARDO 709 TAMIAMI CANAL RD MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

				iiN i	NIS SPACE
	named entity submits this statement for the prices of registered agent.	urpose of changing its registered office	e or re	gistered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered Agent s	ignature	required when reinstaling) The	DATE
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	ÖFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, RICARDO 10740 S.W. 47TH STREET MIAMI, FL 33165				
NAME STREET ADDRESS CITY-ST-ZIP	VP SUAREZ, ROCIO 10740 S.W. 47TH STREET MIAMI, FL 33165				U00000453 6 06 03/14/06-80030-005 150. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PEREZ, RENATO 10740 S.W. 47TH STREET MIAMI, FL 33165		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ABREU, SILVIA 10740 S.W. 47TH STREET MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		i i			

12. I hereby certify that the information supplied with this filling 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 appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 02/28/2006