

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050928

Entity Name: MS APPRAISAL SERVICES, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1950 SW 69 AVENUE #103
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

1950 SW 69 AVENUE #103
PEMBROKE PINES, FL 33023

New Mailing Address:

18160 NW 2ND AVE
SUITE 3
MIAMI, FL 33169 US

FEI Number: 02-0591699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMON, MARLENE
1950 SW 69 AVENUE #103
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SIMON, MARLENE
Address: 1950 SW 69 AVENUE #103
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V () Delete
Name: SIMON, SYLVESTER
Address: 1950 SW 69 AVENUE #103
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D (X) Delete
Name: MICHAEL A.S. TORRES,
Address: 1950 SW 69 AVENUE #103
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TORRES, MICHAEL A. S
Address: 1950 SW 69 AVENUE #103
City-St-Zip: PEMBROKE PINES, FL 33023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARLENE SIMON

PCEO

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date