


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

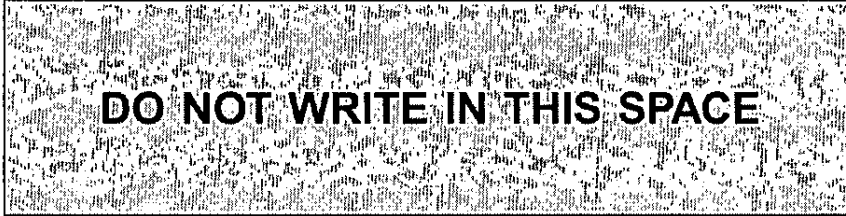
DOCUMENT # P02000060711

1. Entity Name  
 T R INDEPENDENT APPRAISAL INC.




Principal Place of Business  
 4338 SW 8 ST.  
 MIAMI, FL 33134

Mailing Address  
 4338 SW 8 ST.  
 MIAMI, FL 33134



02082008 No Chg-P CR2E034 (11/05)



4. FEI Number  
 01-0700590

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARCOS A  
 7300 WAYNE AVE. #514  
 MIAMI BEACH, FL 33141



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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

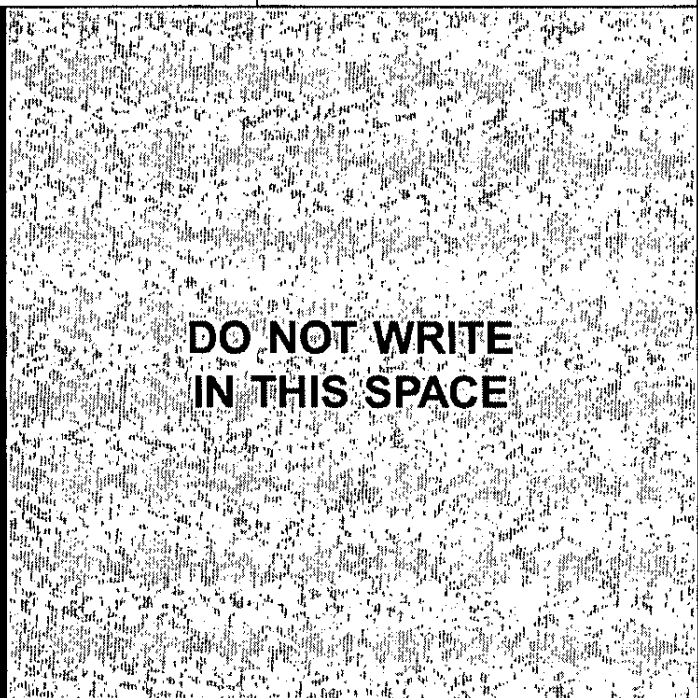
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000906498  
 05/02/08-80024-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, MARCOS A
STREET ADDRESS	7300 WAYNE AVE. #514
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	RODRIGUEZ, MARTA
STREET ADDRESS	7300 WAYNE AVE. #514
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Marta Rodriguez Date: 4/14/08

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