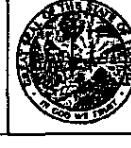


2004 FOR PROFIT CORPORATION ANNUAL REPORT

7715

**FILED
Aug 09, 2004 8:00 am
Secretary of State**

07-15-2004 90006 019 ***150.00

| | | | |
|--|-----------------------|--|---------|
| DOCUMENT # P03000031894 | |  | |
| 1. Entity Name SOUTH FLORIDA APPRAISAL TECHNICIANS INC. | | | |
| Principal Place of Business 2211 SW 89TH CT MIAMI, FL 33165 | | Mailing Address 2211 SW 89TH CT MIAMI, FL 33165 | |
| Suite, Apt. #, etc. Suite #5 | | Miami, FL 33183 | |
| 2. Principal Place of Business 8798 SW 8TH ST Suite 5 | | 3. Mailing Address 8798 SW 8TH ST Suite 5 | |
| City & State Miami, FL | | City & State | |
| Zip 33174 | Country Miami Dade | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| GONZALEZ, JORGE JR. 2211 SW 89TH CT MIAMI, FL 33165 | | Name <input type="checkbox"/> Street Address <input type="checkbox"/> City <input type="checkbox"/> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. | | | |
| SIGNATURE | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required) | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$500.00 | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete GONZALEZ, JORGE JR. 2211 SW 89TH CT MIAMI, FL 33165 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or, the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Jorge Gonzalez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 entries.

SIGNATURE: George Neely Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deck

Private Phone:

(305) 480-0162
Daytime Phone #