## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jul 05, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # P030000573 ate appraisals, inc.			SCCI	ctary or St	.acc	
13789 SW 68 F 174	ncipal Place of Business Mailing Address 789 SW 66 ST 2213 SW 139 AVE 74 MIAMI, FL 33175 AMI, FL 33183						
D	O NOT WRITE  6. Name and Address of Current Re	CE	06282005  4. FEI Numb 54-211  5. Certificate	No Chg-P	CR2E034 (10/03)		
NUNEZ, JO 13789 SW # F 174 MIAMI, FL	OSE A JR 66 ST 33183			IN 7	NOT W	ACE	
the obligati	named entity submits this statement for those of registered agent.  Stratus, type or printed name of registrict spent and		OSE A J	المالا ع		ofte. I am familiar with, a	
10.  TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIP  NUNEZ, JOSE A  13789 SW 66 ST # F174  MIAMI, FL 33183	Trust Fund Cantribution	, C Add	led to Fees		770275 80007-009 150	
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	NOT W THIS SP	PACE	51-00-251-1 And Holle III
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with th	is filling does not qualify for the ex			20 <u>100 200 200 200 200 200 200 200 200 200 </u>	200000000000000000000000000000000000000	ormation
indicated of the cor changed,	ertify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, will	ue and accurate and that my sign: ered to execute this report as requ it all other like empowered	ature shall have the uired by Chapter 607	same legal effect 7. Florida Statute	at as if made under ones, and that my name	ath, that I am an officer of appears in Block 10 or F	r director Block 11 if