

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90289 044 ***150.00

DOCUMENT # P03000063115	
1. Entity Name APPRAISAL MAX INC.	

14011271



Principal Place of Business 1500 NW 62ND STREET SUITE 511 FT. LAUDERDALE, FL 33309	Mailing Address 3724 COCOLAKE DR. COCONUT CREEK, FL 33073
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2. Principal Place of Business 8829 Club Estates Way	3. Mailing Address 8829 Club Estates Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33467	Zip 33467
Country Palm Beach	Country Palm Beach

04252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ILLOBRE, CYNTHIA L 3724 COCOLAKE DRIVE COCONUT CREEK, FL 33073	
7. Name and Address of New Registered Agent Name Illobre, Cynthia L. Street Address (P.O. Box Number is Not Acceptable) 8829 Club Estates Way City Lake Worth FL Zip Code 33467	

4. FEI Number 55-0838664	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ILLOBRE, CYNTHIA L 3724 COCOLAKE DRIVE COCONUT CREEK, FL 33073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8829 Club Estates Way Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: Cynthia L. Illobre **Cynthia L. Illobre** 4/25/05 561-265-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #