


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90166 041 ***150.00

DOCUMENT # P03000099276 1. Entity Name PRIMARY APPRAISERS INC																													
Principal Place of Business 1044 NW 33 AVE MIAMI, FL 33125		Mailing Address 1044 NW 33 AVE MIAMI, FL 33125																											
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 20-0219035																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent COSTA, MANNY 1044 NW 33 AVE MIAMI, FL 33125			7. Name and Address of New Registered Agent Name JOHN W. NICHOLS Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DRIVE SUITE 287 City MIAMI FL 33173																										
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 JOHN W. NICHOLS <i>[Signature]</i> 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COSTA, MANNY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1044 NW 33 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33125</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	COSTA, MANNY		STREET ADDRESS	1044 NW 33 AVE		CITY-ST-ZIP	MIAMI, FL 33125		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VP/IT/D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>EDWARD J. BOTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4421 SW 135 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33175</td> <td></td> </tr> </table>			TITLE	VP/IT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	EDWARD J. BOTOR		STREET ADDRESS	4421 SW 135 AVE.		CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	PSD	<input type="checkbox"/> Delete																											
NAME	COSTA, MANNY																												
STREET ADDRESS	1044 NW 33 AVE																												
CITY-ST-ZIP	MIAMI, FL 33125																												
TITLE	VP/IT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	EDWARD J. BOTOR																												
STREET ADDRESS	4421 SW 135 AVE.																												
CITY-ST-ZIP	MIAMI, FL 33175																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
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 address, with all other like empowered.																													
SIGNATURE: <i>[Signature]</i>		04/29/04		786-282-4508																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													