


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90488 038 ***150.00

DOCUMENT # P03000099276		
1. Entity Name PRIMARY APPRAISERS INC		

66021715



05262005 Chg-P CR2E034 (10/03)

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 5068-70 NW 74 AVE		3. Mailing Address 5068-70 NW 74 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA

4. FEI Number 20-0219035	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NICHOLS, JOHN W 9360 SUNSET DR STE 287 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Costa, Manny Street Address (P.O. Box Number is Not Acceptable) 5068-70 NW 31 AVE. City MIAMI, FL Zip Code 33166	
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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] <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 05/25/05

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD COSTA, MANNY 1044 NW 33 AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Costa, Manny 1412 NW 31 AVE MIAMI, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GOTOR, EDWARD V 4421 SW 135TH AVE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 05/25/05 Daytime Phone # 786-282-4508