2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# P03000102816

Entity Name: FIDELITY FIRST APPRAISAL, CORP.

Current Principal Place of Business:

1241 CASTILE AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1241 CASTILE AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 52-7322927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILONE, MAGDA
437 SANTANDER AVENUE
F
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILONE, MAGDA
Address: 437 SANTANDER AVE, APT F
City-St-Zip: CORAL GABLES, FL 33134

Title: VP-T ( ) Delete
Name: URREGO, FERNANDO
Address: 1241 CASTILE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: URREGO-SARMIENTO, PILAR
Address: 1241 CASTILE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: URREGO, CAROLINA
Address: 1241 CASTILE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: MILONE, FRANK
Address: 437 SANTANDER AVENUE, APT F
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDA MILONE P 05/19/2006

Electronic Signature of Signing Officer or Director Date