2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000107651

1. Entity Name

VECTOR APPRAISAL II, INC.

Principal Place of Business	Mailing Address
15203 SW 147 CT MIAMI FL 33187	15203 SW 147 CT MIAMI FL 33187

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc	
City & State	City & State	**4.** FEI Number 76-0749804 / Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLAN, IRMA S
15203 SW 147 CT
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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 Make Check Payable to Florida Department of State		**9.** Election Campaign Financing **$5.00** May Be Trust Fund Contribution. ☐ Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME MILLAN, IRMA S STREET ADDRESS 15203 SW 147 CT CITY-ST-ZIP MIAMI FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000270900 03/21/05--80026--017 150.00	☐ Change	☐ Addition
TITLE DST NAME RAMOS, IVETTE STREET ADDRESS 15203 SW 147 CT CITY-ST-ZIP MIAMI FL 33187	☐ 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
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

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: _Irma S. Millan_   3-19-05   305 969-9703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #