2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000110835

1. Entity Name
FLORIDA APPRAISERS NETWORK, INC.

Principal Place of Business	Mailing Address
11812 NE 14TH AVE. NORTH MIAMI, FL 33161 US	20533 BISCAYNE BLVD. #215 AVENTURA, FL 33180 US

04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2403315
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIGENNARO, LINDA J
16727 SW 5TH WAY
WESTON, FL 33326

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000517511
05/01/06-80049-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPO
NAME	DEVITO, RICHARD C
STREET ADDRESS	11812 NE 14TH AVE.
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	P
NAME	DEVITO, ANTHONY T
STREET ADDRESS	577 NW 98TH AVE.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VP
NAME	DIGENNARO, PAUL
STREET ADDRESS	16727 SW 5TH WAY
CITY-ST-ZIP	WESTON, FL 33326
TITLE	DOAR
NAME	INSIGNARES, CARLOS
STREET ADDRESS	8502 SW 146TH CT.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard DeVito 4/15/06 305-893-5282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #