## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver or trustee changed, or on an attachment with an add

## Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90015 008 \*\*\*150.00 DOCUMENT # P04000015187 1. Entity Name ACTION ONE APPRAISALS, INC. Principal Place of Business Mailing Address 2455 HOLLYWOOD BLVD STE 108 2455 HOLLYWOOD BLVD STE 108 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Island Rd. 950 S. 950 S. Pine Island Suite, Apt. #, etc. 01162008 Chg-P CR2E034 (12/06) 150 A Applied For 4. FEI Number City & State antation Plantation 20-0691762 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required Broward 33*324* Boward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Giorgi GREENFIELD, ALAN E ESQ Street Address (P.O. Box Number is Not Acceptable) 960 S. Pine Island 15105 NW 77TH AVENUE STE 303 MIAMI LAKES, FL 33014 Zip Code **33**3*3*4 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 SIGNATURE. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Change TITLE ☐ Delete Giorgi, Gino GIORGI, GINO NAME 950 S. Pine Island Rd. #150A NAME 2455 HOLLYWOOD BLVD STE 108 STREET ADDRESS STREET ADDRESS Plantation FL 33324 CITY-SE-ZIP HOLLYWOOD, FL 33020 CITY - ST-ZIP Addition VS TITLE ☐ Delete TITLE Naranjo, Juan 950 S. Pine Island Rd # 150A NARANJO, JUAN NAME NAME STREET ADDRESS 2455 HOLLYWOOD BLVD. STE 108 STREET ADDRESS HOLLYWOOD, FL 33020 CHY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete THEE -THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete [7] Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 employeed to execute the report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if

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