

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90033 033 ***163.75

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1. Entity Name

ADVANCED APPRAISAL ENTERPRISES INC.



Principal Place of Business

4772 NW 114 AVENUE #203
DORAL FL 33178

Mailing Address

4772 NW 114 AVENUE #203
DORAL FL 33178

2. Principal Place of Business

596 WEST 65TH DR

Suite, Apt. #, etc.

3. Mailing Address

596 WEST 65TH DR.

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

HALEAH, FL

4. FEJ Number

75-3152682

Applied For

Not Applicable

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OROZCO, ENRIQUE
4772 NW 114 AVENUE #203
DORAL FL 33178

7. Name and Address of New Registered Agent

Name OROZCO, ENRIQUE

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

596 WEST 65TH DR

City HALEAH

FL

Zip Code 33012

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

ENRIQUE OROZCO

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
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME OROZCO, ENRIQUE ☐ Delete
STREET ADDRESS 4772 NW 114 AVENUE #203
CITY-ST-ZIP DORAL FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME OROZCO, ENRIQUE
STREET ADDRESS 596 WEST 65TH DR
CITY-ST-ZIP HALEAH, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE OROZCO

Date

Daytime Phone #

305
826-4404