## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2008 08:00 AN Secretary of State

ARROAL REPORT				07,2000 00.	
DOCUMENT # P04000068791				]	Secretary of St
1. Entity Name					
A&B APP	PRAISAL SERVICES, INC.				
Principal Plac	e of Business	Mailing Address	CO WE IP	-	
Principal Place of Business Mailing Address 13166 SW 47ST 13166 SW 47ST					
MIRAMAR, FL 33027 MIRAMAR, FL 33027					
				FIRE CONTRACTOR OF THE STATE OF	ORKIR RIJET JORK FORTO PRIOT JURISEN IT JURI
		<del>-, - ,</del>		- - }	
	•		•	01302008 No Chg-P	CR2E034 (11/05)
<b>D</b>	O NOT WRITE	IN THIS SPACE	CE		Applied For
_			· - ,	4. FEI Number 80-0086421	Not Applicable
· · ·				5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current Re	gistered Agent			Fee Required
CASTILLO, ANGEL 13166 SW 47ST				DO NOT W	RITE
MIRAMAR, FL 33027			3 12 2 19 19	IN THIC CO	ACE
			,	IN THIS SP	ACE
	*		,		
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	red agent, or both, in the State of Flor	rida. I am familiar with, and accept
the obligat	tions of registered agent				
SIGNATURE.	Signature, typed or printed name of registered agent and	tille il applicable (NOTE: Registere	d Agent signature required	d when reinstating)	DATE
		· · · · · · · · · · · · · · · · · · ·			····································
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Section Campaign Finar     Trust Fund Contribution.		.00 May Be ded to Fees	
10.	OFFICERS AND DI	RECTORS	,	· · · · · · · · · · · · · · · · · · ·	,
TITLE	P			•	
NAME STREET ADDRESS	CASTILLO, ANGEL A 13166 SW 47ST		ł		•
CITY-ST-ZIP	MIRAMAR, FL 33027		• ;		
TITLE				unnon	1850328
NAME			See 1 See		-80002-003 150:00
STREET ADDRESS CITY-ST-ZIP					
TITLE			1.		
NAME	]		. 1	and the first of the	The second s
STREET ADDRESS				DO NOT W	RITE
CITY-ST-ZIP			e un	· · · · · · · · · · · · · · · · · · ·	****
TITLE NAME				IN THIS SP	ACE
STREET ADDRESS				4	
CITY-ST-ZIP			]	,	
TITLE					•
NAME STREET ADDRESS				•	
CITY-ST-ZIP			•		, , ,

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: 6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>1/</u>30/08

Daytime Phone #