2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P04000078573

1. Entity Name LUZ APPRAISAL SERVICES INC

The state of the s

FILED May 04, 2006 8:00 am Secretary of State

05-04-2006 90213 021 ***150.00

Principal	Place of	Business

1671 SW 107 AVE MIAMI, FL 33165

Mailing Address

1671 SW 107 AVE MIAMI, FL 33165



05012006

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	20-1128323

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

							aistered		
0.	Name	ano	AGG!	55 OT	Lurre	Int Re	oistareo	Aden	

LUZ, VICENTE J 1671 SW 107 AVE MIAMI, FL 33165

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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acce the obligations of registered agent and the its accidable. SIGNATURE: SIGNATURE: OFFICERS AND DIRECTORS 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 10. UZ, VICENTE 10. UZ, VICENTE 10. ITIE 10. MARK 10. STRET ADDRESS 10. STRETA ADDRESS 10.	•						
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 eath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS				DO	NOT W	RITE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT		NAME OF SIGNING OFFICER OR DIRECT	OR		Date	Daytime Phone #