

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117255

FILED
Apr 30, 2009
Secretary of State

Entity Name: AUTHENTIC APPRAISAL & REAL ESTATE SERVICES INC.

Current Principal Place of Business:

6165 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

6625 MIAMI LAKES DRIVE
444
MIAMI LAKES, FL 33014

Current Mailing Address:

6165 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

6625 MIAMI LAKES DRIVE
444
MIAMI LAKES, FL 33014

FEI Number: 20-1520339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CID, MABEL
6165 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CID, MABEL
6625 MIAMI LAKES DRIVE
444
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: _____

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CID, MABEL
Address: 6165 MIAMI LAKES DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CID, MABEL
Address: 6625 MIAMI LAKES DRIVE #444
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MABEL CID

MS.

04/30/2009

Electronic Signature of Signing Officer or Director

Date