


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90190 027 ***158.75

DOCUMENT # P05000016983 1. Entity Name PROFESSIONAL APPRAISERS ASSOCIATES, INC.					
Principal Place of Business 2692 N. UNIVERSITY DR 10 SUNRISE, FL 33322			Mailing Address 2692 N. UNIVERSITY DR 10 SUNRISE, FL 33322		
2. Principal Place of Business - No P.O. Box # 2574 N. UNIVERSITY DR Suite, Apt. #, etc. SUITE 218 City & State SUNRISE, FLORIDA Zip 33322			3. Mailing Address 2574 N. UNIVERSITY DR Suite, Apt. #, etc. SUITE 218 City & State SUNRISE, FLORIDA Zip 33322		
Country U.S			Country U.S		
4. FEI Number 20-2284035			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			01032007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent OROZCO, JOSE M 2692 N. UNIVERSITY DR 10 SUNRISE, FL 33322			7. Name and Address of New Registered Agent Name OROZCO, JOSE M Street Address (P.O. Box Number is Not Acceptable) 2574 N. UNIVERSITY DR SUITE 218 SUNRISE, FL 33322 City FL Zip Code		
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 JOSE M. OROZCO DATE JAN 10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OROZCO, JOSE M 2692 N. UNIVERSITY DR #10 SUNRISE, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OROZCO, JOSE M 2574 N. UNIVERSITY DRIVE SUITE 218 SUNRISE, FL. 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JOSE M. OROZCO			Date: JAN 10/07 Daytime Phone #: 954.741.8181		