

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/25/2006-90002-047-\$550.00-\$550.00

DOCUMENT # P05000035890		
1. Entity Name AMERICAN PROPERTY DAMAGE APPRAISERS, INC.		

Principal Place of Business 1840 CORAL WAY 4TH FLOOR MIAMI FL 33145	Mailing Address 2511 EAST COLONIAL DRIVE SUITE #207 ORLANDO FL 32803
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2. Principal Place of Business 2511 E Colonial Dr Suite, Apt. #, etc. 207	3. Mailing Address 2511 E Colonial Dr Suite, Apt. #, etc. 207
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City & State Orlando FL	City & State Orlando FL
Zip 32803	Zip 32803
Country Orange	Country Orange

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
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FILED
2006 SEP 18 PM 4:30
TALLAHASSEE, FLORIDA
2nd MOORE CR2E034 (4/06)

4. FEI Number 51-0537599	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

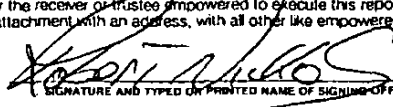
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD NICKOS, ROBERT 1840 CORAL WAY MIAMI FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  8-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #