2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

FILED
2006 SEP 18 PM 4:30
TALLAHASSEE, FLORIDA

DOCUMENT # P05000035890

1. Entity Name
AMERICAN PROPERTY DAMAGE APPRAISERS, INC.

Principal Place of Business	Mailing Address
1840 CORAL WAY 4TH FLOOR MIAMI FL 33145	2511 EAST COLONIAL DRIVE SUITE #207 ORLANDO FL 32803

2nd MOORE CR2E034 (4/06)

2. Principal Place of Business	3. Mailing Address
2511 E Colonial Dr	2511 E Colonial Dr
Suite, Apt. #, etc. 207	Suite, Apt. #, etc. 207
City & State Orlando FL	City & State Orlando FL
Zip 32803 Country Orange	Zip 32803 Country Orange

4. FEI Number 51-0537599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 9/18/06 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Robert Nickos 8-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #