

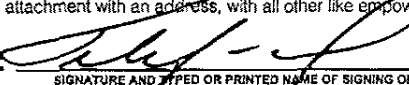


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000090553		
1. Entity Name INDEPENDENT APPRAISAL INVESTMENT INC.		
Principal Place of Business 480 WEST 33 ST HIALEAH, FL 33012		Mailing Address 480 WEST 33 ST HIALEAH, FL 33012
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RODRIGUEZ, FELIPE L 480 WEST 33 ST HIALEAH, FL 33012		 01252007 No Chg-P CR2E034 (11/05) 4. FEI Number 51-0547507 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
		DO NOT WRITE IN THIS SPACE
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 reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</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		DO NOT WRITE IN THIS SPACE U00000609401 02/01/07-80048-020 150.00
TITLE	PTS	
NAME	RODRIGUEZ, FELIPE L	
STREET ADDRESS	480 WEST 33 ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		
NAME		
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/25/2007 Daytime Phone # 305-826-7154