


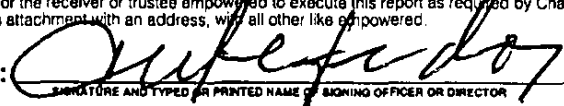
2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-21-2007 90058 007 ***150.00
P05000128160

FILED

07 JUN -4 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000128160 1. Entity Name USA APPRAISERS CENTER INC.					
Principal Place of Business 715 S.W. 73RD AVENUE SUITE 4 MIAMI, FL 33144			Mailing Address 715 S.W. 73RD AVENUE SUITE 4 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4308879	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEJIDO, JOSEPH 5701 COLLINS AVE. #1604 MIAMI BEACH, FL 33140				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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 PD	<input type="checkbox"/> Delete		TITLE None	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MEJIDO, JOSEPH	STREET ADDRESS 715 S.W. 73RD AVENUE		NAME None	STREET ADDRESS None	
CITY - ST - ZIP MIAMI, FL 33144	CITY - ST - ZIP MIAMI, FL 33144		CITY - ST - ZIP None	CITY - ST - ZIP None	
TITLE PRESIDENT	<input type="checkbox"/> Delete		TITLE ← change of Address	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 5701 COLLINS AVE #1604	STREET ADDRESS MIAMI BEACH, FL 33140		NAME ← change of Address	STREET ADDRESS ← change of Address	
CITY - ST - ZIP MIAMI BEACH, FL 33140	CITY - ST - ZIP MIAMI BEACH, FL 33140		CITY - ST - ZIP ← change of Address	CITY - ST - ZIP ← change of Address	
TITLE PERSONAL ADVISOR	<input type="checkbox"/> Delete		TITLE None	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME None	STREET ADDRESS None		NAME None	STREET ADDRESS None	
CITY - ST - ZIP None	CITY - ST - ZIP None		CITY - ST - ZIP None	CITY - ST - ZIP None	
TITLE None	<input type="checkbox"/> Delete		TITLE None	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME None	STREET ADDRESS None		NAME None	STREET ADDRESS None	
CITY - ST - ZIP None	CITY - ST - ZIP None		CITY - ST - ZIP None	CITY - ST - ZIP None	
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: 					

As per telephone conversation with

xc 6/4