

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010041

FILED
Jul 24, 2007
Secretary of State

Entity Name: HOMESITE APPRAISAL GROUP, INC

Current Principal Place of Business:

PO BOX 551853
MIAMI GARDENS, FL 33055

New Principal Place of Business:

1280 NW 95 STREET
121
MIAMI, FL 33147

Current Mailing Address:

PO BOX 551853
MIAMI GARDENS, FL 33055

New Mailing Address:

FEI Number: 20-4367360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYS, DIEGO D CRA
19542 NW 38 COURT
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

MAYS, DIEGO D CRA
1280 NW 95 STREET
121
MIAMI, FL 33147 US

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.

SIGNATURE: _____

07/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYS, DIEGO D CRA
Address: PO BOX 551853
City-St-Zip: MIAMI GARDENS, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LAKISHA, MAYS Y
Address: PO BOX 551853
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP () Change (X) Addition
Name: WILLIAMS, TAYLOR RTA
Address: PO BOX 551853
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIEGO D. MAYS, CRA

P

07/24/2007

Electronic Signature of Signing Officer or Director

Date