

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010041

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** HOMESITE APPRAISAL GROUP, INC

**Current Principal Place of Business:**

1280 NW 95 STREET  
121  
MIAMI, FL 33147

**Current Mailing Address:**

PO BOX 551853  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

633 NE 167 STREET  
920  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

633 NE 167 STREET  
920  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 26-1909910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BENJAMIN, CHARLENE  
633 NE 167 STREET  
920  
NORTH MIAMI BEACH, FL 33162 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: CHARLENE BENJAMIN

02/07/2008

Electronic Signature of Registered Agent

Date

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BENJAMIN, CHARLENE  
Address: 633 NE 167 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

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

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: CHARLENE BENJAMIN

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date