## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2008 08:00 AN Secretary of State

ANNUAL REPORT				7	Apr 24, 2000 08:00			
DOCU	MENT # P060001558			5	Secretary o	of Sta		
1. Entity Name RUDOLF KANZKI APPRAISALS, INC.								
KUDULF	RANZRI AFFRAIGALO, INC.							
Principal Plac	ce of Business	Mailing Address						
8242 NW 9T Plantation		8242 NW 9TH CT Plantation, FL 33324						
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	O NOT WRITE	IN THIS SPA	CE ,	4. FEI Number			lied For	
in the second				20-8286		- CQ 75 Addition	Applicable	
				5. Certificate of	f Status Desired	Fee Required	Ullai	
	6. Name and Address of Current Re	glatered Agent						
KANZKI, LOUIS			, ,	DO	W TON	RITE	*	
8242 NW 9TH CT PLANTATION, FL 33324				•	Majoral Control of the Control			
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						the second second	j 6	
	named entity submits this statement for th	ne purpose of changing its register	ed office or registe	red agent, or both	, in the State of Flo	rida. I am familiar with, ar	nd accept	
the obligat	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable (NOTE: Registere	d Agent signature require	d when reinstating)		DATE		
PII	F NOW!!! FFF 10 6450 00	9. Election Campaign Finar	ncina \$5	.00 May Be				
	.E NOWIII  FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			led to Fees			20 3 31	
10.	OFFICERS AND DI	RECTORS	er in the second	a far fill at		have a great of the first	J. 1 %	
TITLE	PTD KANZKI I OLUG			H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#11 !!" 			
NAME STREET ADDRESS	KANZKI, LOUIS 8242 NW 9TH CT				All the second		ati i	
CITY+ST+ZIP	PLANTATION, FL 33324						Eh.	
TITLE	VP			rt	12 U00000	919540		
NAME STREET ADDRESS	KANZKI, LOUIS 8242 NW 9TH CT				05/14/08	80008-004%150	).00 k	
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STREET ADDRESS								

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 exegute 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF FORM TEN NAME OF SIGNING OFFICER OR DIRECTOR

4/22/1008 954-292-9645 Date Daytime Phone #