


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 001 ***150.00

DOCUMENT # P06924			
1. Entity Name MICHAEL'S APPRAISAL, INC.			
Principal Place of Business 501 NW 44 ST. OAKLAND PARK, FL 33309 US		Mailing Address 501 NW 44 ST. OAKLAND PARK, FL 33309 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CIBENE, MICHAEL 2800 E COMMERCIAL BLVD STE #106 FT LAUDERDALE, FL 33308		Name <u>CIBENE, MICHAEL</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 N.W. 44 ST.</u> City <u>OAKLAND PARK</u> FL Zip Code <u>33309</u>	
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 <u>Michael Cibene</u>		DATE <u>1/9/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PVST CIBENE, MICHAEL 501 NW 44 ST OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P T CIBENE, MICHAEL 501 N.W. 44 ST. OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S CIBENE, Michelle 501 N.W. 44 ST. OAKLAND PARK, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Michael Cibene</u>		Date <u>1/9/08</u> Daytime Phone # <u>954-772-9940</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01092008 Chg-P CR2E034 (12/06)

4. FEI Number **59-2551849** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required