

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129693

FILED
Feb 07, 2008
Secretary of State

Entity Name: HOMESITE APPRAISAL GROUP & CONSULTANT SERVICES, INC.

Current Principal Place of Business:

99 NW 183 STREET
232
MIAMI GARDENS, FL 33169 US

Current Mailing Address:

99 NW 183 STREET
232
MIAMI GARDENS, FL 33169 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAYS, DIEGO D CRA
99 NW 183 STREET
232
MIAMI, FL 33169 US

New Principal Place of Business:

633 NE 167 STREET
920
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

633 NE 167 STREET
920
NORTH MIAMI BEACH, FL 33162 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 BENJAMINE

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: 99 NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP () Delete
Name: MAYS, LAKISHA Y
Address: 99 NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: T () Delete
Name: GIBSON, WYNDELL C
Address: 99 NW 183 STREET
City-St-Zip: MIAMI GARDENS, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAYS, DIEGO D CRA
Address: 633 NE 167 STREET, SUITE: 920
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: TR (X) Change () Addition
Name: BENJAMIN, CHARLENE
Address: 633 NE 167 STREET, SUITE: 920
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: DIR (X) Change () Addition
Name: BENJAMIN, CHARLES L
Address: 633 NE 167 STREET, SUITE: 920
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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

TR

02/07/2008

Electronic Signature of Signing Officer or Director

Date