

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000010177

1. Entity Name
ALLIANCE APPRAISAL CORP.



Principal Place of Business
**7152 SW 47TH STREET
MIAMI, FL 33155**

Mailing Address
**7152 SW 47TH STREET
MIAMI, FL 33155**



01192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0390248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRUZPINO, RUBEN
7152 SW 47TH STREET
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000923779
02/20/08-80051-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETISCO, FIDEL
STREET ADDRESS	7152 SW 47TH ST
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	SD
NAME	CRUZPINO, RUBEN
STREET ADDRESS	7152 SW 47TH ST
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	VP
NAME	ORLANDO, VALDES
STREET ADDRESS	7152 SW 47 ST
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fidel Petisco

2/5/08 (305) 823-9900