

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JAN -5 AM 11:56

DOCUMENT # P94000028393

1. Entity Name
PROPERTY TAX ADJUSTERS, INC.



Principal Place of Business
19495 BISCAYNE BLVD.
SUITE 301
AVENTURA, FL 33180

Mailing Address
19495 BISCAYNE BLVD.
SUITE 301
AVENTURA, FL 33180

2. Principal Place of Business
4770 Biscayne Blvd.

3. Mailing Address
4770 Biscayne Blvd.

Suite, Apt. #, etc.
Suite 670

Suite, Apt. #, etc.
Suite 670

City & State
Miami, FL

City & State
Miami, FL

Zip
33137

Country
U.S.A.

Zip
33137

Country
U.S.A.

01032006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0501558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

APPEL, GARY A
19495 BISCAYNE BLVD.
SUITE 301
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
Corporate Access, Inc.

Street Address (P.O. Box Number is Not Acceptable)

236 E. 6th Avenue

City
Tallahassee

FL

Zip Code
32303

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 *Day B...*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
APPEL, GARY A
19495 BISCAYNE BLVD. SUITE 301
AVENTURA, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/06 305-5760033