2004 FOR PROFIT CORPORATION ANNUAL REPORT

Company of the property of the

DOCUMENT # P94000032024

1. Entity Name

ROSENTHAL APPRAISALS, INC.



FILED Feb 09, 2004 8:00 am Secretary of State

02-09-2004 90055 014 ***150.00

Principal	Plai	ce o	f Bu	siness

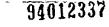
1640 TOWN CENTER CIR.

WESTON, FL 33326 US

1640 TOWN CENTER CIR.

DO NOT WRITE IN THIS SPACE

WESTON, FL 33326 US





01282004

No Chg-P

CR2E034 (10/03) ·

4. FEI Number 65-0482669 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, GAIL 837 GARNET CIRCLE 2791 OCK & 100 R WESTON, FL 39326- 3333 2			DO NOT WRITE IN THIS SPACE				
*		*					
	named entity submits this statement for the poons of registered agent.	urpose of changing its regis	tered office or re	egistered agent, or both	i, in the State of Florida. I am familian	with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title li	NOTE R			DATE		
	signature, typed or printed name of registered agent and title ii	applicable. (NOTE: Hegis	terec Agent signature	required when reinstating)			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees		¥ -	
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, GAIL 1640 TOWN CENTER CIR., SUITE 20 WESTON, FL 33326	4	A CONTRACT	THE CONTRACTOR			
TITLE Name Street address (City-St-Zip	D ROSENTHAL, LEE 1640 TOWN CENTER CIR., SUITE 20 WESTON, FL 33326	4					
title Name Street address City-St-Zip				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is thus 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 trusted 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:

NAME STREET ADDRESS