


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90019 039 ***150.00

DOCUMENT # P94000032024

1. Entity Name
ROSENTHAL APPRAISALS, INC.



Principal Place of Business Mailing Address

~~1675 MARKET STREET~~ ~~1675 MARKET STREET~~
~~205~~ ~~205~~
~~WESTON FL 33326~~ ~~WESTON FL 33326~~
~~US~~ ~~US~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1640 Town Center Circle *1640 Town Center Circle*
 (Site) Apt. #, etc. (Site) Apt. #, etc.
208 *208*

City & State City & State

Weston, FL *Weston, FL*

Zip Country Zip Country

33326 *USA* *33326* *USA*

1st MOORE CR2E034 (10/07)

4. FEI Number Applied For

65-0482669 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, GAIL
2791 OAKBROOK MANOR
FORT LAUDERDALE FL 33332
Weston, FL 33332

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 *[Signature]* DATE _____

(Signature of individual named as 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 \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
D	ROSENTHAL, GAIL	1675 MARKET STREET <i>1640 Town Center Circle Suite 208</i>	WESTON FL 33326	<input type="checkbox"/>
D	ROSENTHAL, LEE	1675 TOWN CENTER CIRCLE <i>1640 Town Center Circle Suite 208</i>	WESTON FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: *[Signature]* **Gail Rosenthal**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: _____ **954-389-3689**

Daytime Phone #