

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000038442

FILED
Apr 07, 2008
Secretary of State

Entity Name: AAA APPRAISAL ASSOCIATES, INC.

Current Principal Place of Business:

4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-3248803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGE, SHARON
4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

STAGE, SHARON P
4801 S UNIVERSITY DR
SUITE 209
DAVIE, FL 33328 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: SHARON STAGE

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAGE, SHARON
Address: 4801 S UNIVERSITY DR SUITE 209
City-St-Zip: DAVIE, FL 33328

Title: VST () Delete
Name: WILSON, CAROLYN F
Address: 4801 S UNIVERSITY DR SUITE 209
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON STAGE

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date