


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-12-2007 90091 041 ***150.00

DOCUMENT # P95000090998 1. Entity Name APPALACHIAN DEVELOPMENT CORP.	
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Principal Place of Business 5825 NW 74TH AVE MIAMI, FL 33166	Mailing Address 5825 NW 74TH AVE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0635450	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAZQUEZ, ALVARO MICHAEL 4600 SABAL PALM ROAD BAYPOINT MIAMI, FL 33137
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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAZQUEZ, ALVARO 4600 SABAL PALM RD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VAZQUEZ, LOURDES 4600 SABAL PALM RD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAZQUEZ, ALVARO MICHAEL 4600 SABAL ROAD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 another like empowered.

SIGNATURE: _____ Date: 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR