


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90052 001 \*\*\*150.00

<b>DOCUMENT # P96000020415</b>	
1. Entity Name <b>HI-TECH APPRAISALS, INC.</b>	

Principal Place of Business <b>175 FOUNTAINEBLEAU BLVD STE 2K8 MIAMI, FL 33172</b>	Mailing Address <b>175 FOUNTAINEBLEAU BLVD STE 2K8 MIAMI, FL 33172</b>
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**50014300**

2. Principal Place of Business <b>9320 Fountainbleau Blvd.</b>	3. Mailing Address <b>9320 Fountainbleau Blvd.</b>
Suite, Apt. #, etc. <b>601</b>	Suite, Apt. #, etc. <b>601</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33172</b>	Country <b>US</b>



02012005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0648211**

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

6. Name and Address of Current Registered Agent <b>GONZALEZ, ELINA 9320 FOUNTAINEBLEAU BLVD APT 601 MIAMI, FL 33172</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS GONZALEZ, ELINA 9320 FOUNTAINEBLEAU BLVD #601 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Elina M. Gonzalez **2-6-05** **305-223-1004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Durable Phone #