

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050785

FILED
May 04, 2009
Secretary of State

Entity Name: ASSOCIATED APPRAISERS, INC.

Current Principal Place of Business:

12915 SW 132 STREET
SUITE 1
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12915 SW 132 STREET
SUITE 1
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0680344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSALES, ANTHONY
3653 SW 150 COURT
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSALES, ANTHONY
Address: 3653 SW 150 COURT
City-St-Zip: MIAMI, FL 33185

Title: O () Delete
Name: ROSALES, ZULEIKA
Address: 3653 SW 150 COURT
City-St-Zip: MIAMI, FL 33185

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: ANTHONY ROSALES

P

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date