


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90048 028 \*\*\*150.00

<b>DOCUMENT # P97000067717</b> 1. Entity Name <b>ATLANTIC APPRAISAL CONSULTANTS CORPORATION</b>					
Principal Place of Business <b>10050 S.W. 43 STREET</b> <b>MIAMI, FL 33165 US</b>			Mailing Address <b>10050 S.W. 43 STREET</b> <b>MIAMI, FL 33165 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0776204</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HURTADO, GEORGE</b> <b>16142 S.W. 144 TERR.</b> <b>MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent Name <b>Hurtado, George</b> Street Address (P.O. Box Number is Not Acceptable) <b>13100 SW 105 Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>	
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 <u>George Hurtado</u> <u>PST/VP</u> <u>01-6-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PST</b> <input type="checkbox"/> Delete NAME <b>HURTADO, GEORGE</b> STREET ADDRESS <b>16142 SW 144 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33196</b>			TITLE <b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Hurtado, George</b> STREET ADDRESS <b>13100 SW 105 Avenue</b> CITY-ST-ZIP <b>Miami, FL 33176</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>HURTADO, GEORGE</b> STREET ADDRESS <b>16142 SW 144 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33196</b>			TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Hurtado, George</b> STREET ADDRESS <b>13100 SW 105 Avenue</b> CITY-ST-ZIP <b>Miami, FL 33176</b>		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>George Hurtado</u> <u>PST/VP</u> <u>01-6-04</u> <u>(305)221-3728</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01062004 Chg-P CR2E034 (10/03)