

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 1
Se**

DOCUMENT # P97000067717 1. Entity Name ATLANTIC APPRAISAL CONSULTANTS CORPORATION		
Principal Place of Business 3231 SOUTHWEST 107 AVENUE MIAMI, FL 33165 US	Mailing Address 3231 SOUTHWEST 107 AVENUE MIAMI, FL 33165 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HURTADO, GEORGE 13100 SW 105 AVE MIAMI, FL 33176		<div style="text-align: center; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </div>
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: <u>1-15-07</u> <small>Signature, typed or printed name of registered agent and title in parentheses. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HURTADO, GEORGE 13100 SW 105 AVE MIAMI, FL 33176	<div style="font-size: 18px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </div>
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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 all other links empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-15-07</u> Daytime Phone #: <u>(315) 221-3223</u>



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0776204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 01/19/07-80005-002 150.00