

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90201 024 \*\*\*150.00

<b>DOCUMENT # P97000081464</b>					
<b>1. Entity Name</b> ERC APPRAISERS & ASSOC., INC.					
<b>Principal Place of Business</b> 2125 SW 103RD PLACE MIAMI, FL 33165			<b>Mailing Address</b> 2125 SW 103RD PLACE MIAMI, FL 33165		
<b>2. Principal Place of Business</b> 2470 SW 123 AVE.		<b>3. Mailing Address</b> 2470 SW 123 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 65-0782560	
<b>Zip</b> 33175		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CUZA, EGNA I 2125 SW 103RD PLACE MIAMI, FL 33165			<b>7. Name and Address of New Registered Agent</b> Name: EGNA I. CUZA Street Address (P.O. Box Number is Not Acceptable): 2470 SW 103RD PLACE City: MIAMI FL Zip Code: 33175		
<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.</b> SIGNATURE: <i>[Signature]</i> PRESIDENT DATE: 4/24/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUZA, EGNA I 2125 SW 103RD PLACE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2470 SW 123 AVE. MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUZA, RUBENS 2125 SW 103RD PLACE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2470 SW 123 AVE. MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
<b>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 like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> PRESIDENT			DATE: 4/24/2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		