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Secretary of State
04-09-2004 90037 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000039497

1. Entity Name
APPRAISAL PROS, INC.

Principal Place of Business
2257 SW 132ND AVE.
MIRAMAR, FL 33027

Mailing Address
2257 SW 132ND AVE.
MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

Mail
Division of Corporation
Annual Report
P.O. Box: 6850
Tallahassee FL 32314.

940048618

02162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0835270
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, CASSANDRA
2257 SW 132 AVENUE
MIRAMAR, FL 33027

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, CASSANDRA
STREET ADDRESS	~~9240 S.W. 40TH TERRACE~~ 2257 SW 132 AVE
CITY-ST-ZIP	~~MIAMI, FL 33165~~ MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

954-843

SIGNATURE: Cassandra Lopez 3/2/2004 0938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #