

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000059609

1. Entity Name
WALL STREET APPRAISAL SERVICES, INC.



FILED
Jan 15, 2004 08:00 AM
Secretary of State

Principal Place of Business
13871 S W 163 TERRACE
MIAMI, FL 33177-1929

Mailing Address
13871 S W 163 TERRACE
MIAMI, FL 33177-1929



01122004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0849964

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, CARLOS E CPA
4995 NORTHWEST 72ND AVE #206
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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

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	PTD
NAME	OTERO, GUSTAVO
STREET ADDRESS	13871 S W 163 TERRACE
CITY-ST-ZIP	MIAMI, FL 331771959
TITLE	D
NAME	QUINTANILLA, LOURDES
STREET ADDRESS	14534 SW 56TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33183
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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01/16/04-80004-022 150.00

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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.

SIGNATURE: GUSTAVO OTERO 1-12-2004 (305) 599-993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #