

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000059609

1. Entity Name
WALL STREET APPRAISAL SERVICES, INC.



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

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



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0849964

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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01/06/05-80011-002 150.00

**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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2005 (305) 599-9939