

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000015572

1. Entity Name
CAPITAL APPRAISAL ASSOCIATES INC.



Principal Place of Business
8518 SW 8TH STREET
129
MIAMI, FL 33144

Mailing Address
8518 SW 8TH STREET
129
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #
7760 W. 20 AVENUE
Suite, Apt. #, etc.
#16

3. Mailing Address
1733 S.W. 103 PLACE
Suite, Apt. #, etc.

City & State
HIALEAH, FLORIDA
Zip
33016
Country
USA

City & State
MIAMI, FLORIDA
Zip
33165
Country

05142008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0915630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIRINO, RENE C
8518 SW 8TH STREET #129
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name
DAMARYS L. CHIRINO

Street Address (P.O. Box Number is Not Acceptable)

1733 S.W. 103 PLACE

City
MIAMI

FL

Zip Code
33165

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, typed or printed name of registered agent and fee if applicable.

DAMARYS CHIRINO 5/15/08

(NOTE: Registered Agent signature required when resigning.)

VP./TREAS

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHIRINO, RENE C
1733 SW 103RD PLACE
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
CHIRINO, DAMARYS L
1733 SW 103RD PLACE
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000136159500
09/19/08--01045--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAMARYS CHIRINO
VP./TREAS.

Date

Daytime Phone #