

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90180 036 ***150.00

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1. Entity Name
PRECISION PROPERTY APPRAISAL SERVICES, INC.



Principal Place of Business

888 N.E. 126 STREET
200
NORTH MIAMI, FL 33161

Mailing Address

888 N.E. 126 STREET
200
NORTH MIAMI, FL 33161

40080639



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0924647

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONPLAISIR, JEAN-PATRICK
~~2168 NW 141ST AVE~~ 15962 SW 16TH ST.
PEMBROKE PINES, FL ~~33028~~
33027

**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, typed 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, 2007 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 MONPLAISIR, JEAN-PATRICK V
STREET ADDRESS ~~2168 NW 141ST AVE~~ 15962 SW 16TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL ~~33028~~ 33027

TITLE VP
NAME MONPLAISIR, RACHEL
STREET ADDRESS 2168 NW 141ST AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

4/17/07 305/892-2420