

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84121

**FILED**  
**Mar 26, 2006**  
**Secretary of State**

**Entity Name:** CERTIFIED APPRAISERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

11107 SW 133RD AVENUE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

14421 BEDFORD COURT  
DAVIE, FL 33325 US

**Current Mailing Address:**

69 BRADDOCK WAY  
ASHEVILLE, NC 28803 US

**New Mailing Address:**

FEI Number: 65-0286510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVAS, ELSA  
11107 SW 133RD AVENUE  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

RIVAS, ELSA  
14421 BEDFORD COURT  
DAVIE, FL 33325 US

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.

SIGNATURE: \_\_\_\_\_ 03/26/2006  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: IGLESIAS, CARLOS A.,  
Address: 11107 SW 133RD AVENUE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: RIVAS, ELSA,  
Address: 11107 SW 133RD AVENUE  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: IGLESIAS, CARLOS A.,  
Address: 14421 BEDFORD COURT  
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change ( ) Addition  
Name: RIVAS, ELSA,  
Address: 14421 BEDFORD COURT  
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSA RIVAS      D      03/26/2006  
Electronic Signature of Signing Officer or Director      Date