2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34990

FILED Mar 29, 2004 Secretary of State

Entity Name: SOUTHERN ADJUSTMENT SERVICES, INCORPORTED **New Principal Place of Business: Current Principal Place of Business:** P O BOX 848923 PEMBROKE PINES, FL 33084 **Current Mailing Address: New Mailing Address:** P O BOX 848923 PEMBROKE PINES, FL 33084 FEI Number: 65-0074791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAMUAL COROLLA COROLLA, SAMUEL 5900 SW 42 PL 4250 SW 59 AVE **DAVIE, FL 33314** US DAVIE, FL 33314 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: SAMUEL COROLLA 03/29/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: SDP () Delete Title: () Change () Addition COROLLA, SAMUEL, Name: Name: 5900 SW 42 PL Address: Address: City-St-Zip: DAVIE, FL City-St-Zip: Title: **VPS** Title: () Change () Addition () Delete COROLLA, CONNIE Name: Name: 5900 SW 42 PL Address: Address: DAVIE, FL 33314 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL COROLLA SDP 03/29/2004