

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065145

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: ADVANTAGE INSURANCE ADJUSTERS CORP

**Current Principal Place of Business:**

1701 NE 191 ST  
#420  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 630335  
MIAMI, FL 331630335 US

**New Mailing Address:**

FEI Number: 74-3145715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAZ, FRANCISCO JR  
1701 NE 191 STREET  
APT #420  
MIAMI, FL 33179 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DIAZ, FRANCISCO JR  
Address: 1701 NE 191 STREET APT #420  
City-St-Zip: MIAMI, FL 33179 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FRANCISCO DIAZ

P

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date