


FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 906000153376 1. Entity Name 1st Response Public Adjusters, Inc	
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FILED

11 MAY 17 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box # 15160 SW. 13th St. Suite, Apt. #, etc. #13	3. Mailing Address PO BOX 771177 Suite, Apt. #, etc.
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CR2E034B (1/11)

City & State Miami, FL	City & State Miami, FL
Zip 33196	Zip 33177
Country USA	Country USA

4. FEI Number 20-0458433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Adrian Gamez
Street Address (P.O. Box Number is Not Acceptable) 15160 SW. 13th St. #13
City Miami
State FL
Zip 33196

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

adriangamez@wabi.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Adrian Gamez PO BOX 771177 Miami, FL 33177
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05/05/11-01004-018 **150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.158 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/11/11 7803443900

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