

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000126884

**Entity Name:** ALL CLAIMS INSURANCE CONSULTING, INC.

**Current Principal Place of Business:**

320 N.E. 1 AVENUE  
HALLANDALE, FL 33009

**Current Mailing Address:**

320 N.E. 1 AVENUE  
HALLANDALE, FL 33009 US

**FEI Number:** 26-1478187

**Certificate of Status Desired:** No

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

CARMAN, KEN  
320 N.E. 1 AVENUE  
HALLANDALE, FL 33009 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CARMAN, KEN  
Address 320 N.E. 1 AVENUE  
City-State-Zip: HALLANDALE FL 33009

Title VP  
Name ALLOGIA, ANTHONY  
Address 320 NE 1ST AVENUE  
City-State-Zip: HALLANDALE FL 33009

*I hereby 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 all other like empowered.*

**SIGNATURE: KEN CARMAN**

**PRESIDENT**

**01/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date