

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000006229

**Entity Name:** MUTUAL CLAIMS SERVICES, INC

**Current Principal Place of Business:**

14300 ALAMANDA AVENUE  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

14300 ALAMANDA AVENUE  
MIAMI LAKES, FL 33014 US

**FEI Number:** 27-4635290

**Certificate of Status Desired:** Yes

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

MARIA, MARIO  
14300 ALAMANDA AVENUE  
MIAMI LAKES, FL 33014 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            PRES  
Name            MARIA, MARIO  
Address        14300 ALAMANDA AVENUE  
City-State-Zip: MIAMI LAKES FL 33014

*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:** MARIO MARIA

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date