

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000051047

Entity Name: P.A.CLAIMS SERVICES, INC.

Current Principal Place of Business:

5040 SW 106 AVE
MIAMI, FL 33165

Current Mailing Address:

5040 SW 106 AVE
MIAMI, FL 33165

FEI Number: 90-0732551

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUERVO, LEON
5040 SW 106 AVE
MIAMI, FL 33165 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	Title	MGRM
Name	ROXANA, LOPEZ	Name	LEON, CUERVO
Address	5040 SW 106 AVE	Address	5040 SW 106 AVE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: ROXANA LOPEZ

PRESIDENT

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date