**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 13, 2014**
**Secretary of State**
**CC5489336359**

DOCUMENT# P13000075366

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

**Current Principal Place of Business:**

4960 SW 72ND AVENUE
SUITE 205
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72ND AVENUE
SUITE 205
MIAMI, FL 33155

**FEI Number: 54-2101930**

**Certificate of Status Desired:** No

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

JOSE A. DAPENA, PA.
4960 SW 72ND AVENUE
SUITE 205
MIAMI, FL 33155 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 | JOSE A. DAPENA, PA |
| Address | 4960 SW 72ND AVENUE, SUITE 205 |
| City-State-Zip: | MIAMI FL 33155 |

*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: JOSE A. DAPENA PRESIDENT 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date