

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000031173

**Entity Name:** FLORIDA CLAIMS 1 INC.

**Current Principal Place of Business:**

14950 NEWCASTLE LANE  
DAVIE, FL 33331

**Current Mailing Address:**

14950 NEWCASTLE LANE  
DAVIE, FL 33331

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORTES, YESIKA  
14950 NEWCASTLE LANE  
DAVIE, FL 33331 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 CORTES, YESIKA  
Address 14950 NEWCASTLE LANE  
City-State-Zip: DAVIE FL 33331

*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:** YESIKA CORTES

**DIRECTOR**

**02/28/2015**

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

\_\_\_\_\_ Date