

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000101286

Entity Name: ALL AMERICAN CLAIM SERVICES INC.

Current Principal Place of Business:

24206 HARBOUR VISTA CIRCLE ST
AUGUSTINE, FL 32080

Current Mailing Address:

24206 HARBOUR VISTA CIRCLE ST
AUGUSTINE, FL 32080 US

FEI Number: 81-1251754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MESKO, LEVENTE
24206 HARBOUR VISTA CIRCLE ST
AUGUSTINE, FL 32080 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 PVST
Name MESKO, LEVENTE
Address 24206 HARBOUR VISTA CIRCLE ST
City-State-Zip: AUGUSTINE FL 32080

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: LEVENTE MESKO

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date