

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000007123

**Entity Name:** FLORIDA CLAIM ADVISORS, CORP

**Current Principal Place of Business:**

3902 ROLLINGSFORD CIRCLE  
LAKELAND, FL 33810

**Current Mailing Address:**

3902 ROLLINGSFORD CIRCLE  
LAKELAND, FL 33810

**FEI Number: 86-1926372**

**Certificate of Status Desired: No**

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

PEDRAJA, JACOB  
1702 N GORDON ST  
PLANT CITY, FL 33563 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	MANAGER
Name	PEDRAJA, JACOB	Name	SOCARRAS, GILBERT A
Address	3902 ROLLINGSFORD CIRCLE	Address	1702 N GORDON ST
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	PLANT CITY FL 33563

*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: JACOB PEDRAJA**

**P**

**05/25/2023**

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

\_\_\_\_\_  
Date