2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 697826

Entity Name: AIB CLAIMS MANAGEMENT, INC.

FILED Jul 13, 2007 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

3020 NW 79TH AVENUE 4227 SW 71ST AVENUE MIAMI, FL 33122 US MIAMI, FL 33155 US

Current Mailing Address: New Mailing Address:

3020 NW 79TH AVENUE 4227 SW 71ST AVENUE MIAMI, FL 33122 US MIAMI, FL 33155 US

FEI Number: 59-2115058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALVAREZ, ANETTE R
3020 NW 79TH AVENUE
MIAMI, FL 33122 US

ALVAREZ, ANETTE R
4227 SW 71ST AVENUE
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: 07/13/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

3020 NW 79TH AVENUE

MIAMI, FL 33122

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DC (X) Change () Addition Name: ALVAREZ, JOSE M. Name: ALVAREZ, JOSE M.

 Address:
 3020 NW 79TH AVENUE
 Address:
 4227 SW 71ST AVENUE

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:
 MIAMI, FL 33155

Title: VP () Delete Title: VP (X) Change () Addition
Name: ALVAREZ DAVID M Name: ALVAREZ DAVID M

 Name:
 ALVAREZ, DAVID M
 Name:
 ALVAREZ, DAVID M

 Address:
 3020 NW 79TH AVENUE
 Address:
 4227 SW 71ST AVENUE

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:
 MIAMI, FL 33155

Title: DVAS () Delete Title: EVP (X) Change () Addition

 Name:
 SOTO, JOHN M
 Name:
 ALVAREZ, ANETTE R

 Address:
 3020 NW 79TH AVENUE
 Address:
 4227 SW 71ST AVENUE

 City-St-Zip:
 MIAMI, FL 33122
 City-St-Zip:
 MIAMI, FL 33155

Title: EVP (X) Delete Title: () Change () Addition Name: ALVAREZ, ANETTE R Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE M ALVAREZ DC 07/13/2007