

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G75696

FILED
Mar 28, 2008
Secretary of State

Entity Name: ALL CLAIMS INSURANCE REPAIRS, INC.

Current Principal Place of Business:

320 NE 1ST AVENUE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

PO BOX 1453
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 59-2380075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMAN, KENNETH
827 N NORTHLAKE DR
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

CARMAN, KENNETH
320 NE 1ST AVENUE
HALLANDALE BEACH, FL 33009 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

03/28/2008

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARMAN, KENNETH,
Address: 827 N NORTHLAKE DR
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARMAN, KENNETH,
Address: 320 NE 1ST AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

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: KENNETH CARMAN

P

03/28/2008

Electronic Signature of Signing Officer or Director

Date