

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G75696

**FILED**  
**Jan 21, 2011**  
**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:**

320 NE 1ST AVENUE  
HALLANDALE, FL 33009

**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  
320 NE 1ST AVENUE  
HALLANDALE BEACH, FL 33009 US

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

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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: ALLOGIA, ANTHONY  
Address: 320 NE 1ST AVENUE  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: KENNETH CARMAN

PRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date