

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J70805

FILED  
Apr 21, 2012  
Secretary of State

**Entity Name:** A-1 CLAIMS SERVICES, INC.

**Current Principal Place of Business:**

816 NE 52ND STREET  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

816 NE 52ND STREET  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 59-2821655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POITIER, PATRICIA A  
816 NE 52ND STREET  
POMPANO BEACH, FL 33064 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: D  
Name: POITIER, PATRICIA  
Address: 342 SE 1ST TERRACE  
City-St-Zip: DEERFIELD BEACH, FL

Title: V  
Name: POITIER, DARIUS  
Address: 816 NE 52ND STREET  
City-St-Zip: POMPANO BEACH, FL 33064

Title: S  
Name: KNOWLES, STEPHANIE  
Address: 249 S.W. 2ND STREET  
City-St-Zip: DEERFIELD BEACH, FL

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: PATRICIA POITIER

PRE

04/21/2012

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

\_\_\_\_\_ Date