2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2012
Secretary of State

DOCUMENT# K65361

Entity Name: INSURANCE ADJUSTMENT SERVICES, INC.

Current Principal Place of Business:

6303 BLUE LAGOON DRIVE
SUITE 225
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

6303 BLUE LAGOON DRIVE
SUITE 225
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0211963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: BROOKS, R STEVEN
Address: 6303 BLUE LAGOON DRIVE, SUITE 225
City-St-Zip: MIAMI, FL 33126

Title: ST
Name: APONTE, KATHERINE T
Address: 6303 BLUE LAGOON DRIVE, SUITE 225
City-St-Zip: MIAMI, FL 33126

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: KATHERINE T APONTE ST 02/06/2012

Electronic Signature of Signing Officer or Director Date