2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # N16988** 04-05-2004 90006 044 ****61.25 SOUTH FLORIDA CLAIMS ASSOCIATION, INC. Mailing Address Principal Place of Business C/O RONALD P PONZOLI C/O RONALD P PONZOLI 3250 MARY ST STE 302 3250 MARY ST STE 302 MIAMI, FL 33133 MIAMI, FL 33133 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 03242004 Suite, Apt. #, etc. Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-2646500 City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PONZOLI, RONALD P. Street Address (P.O. Box Number is Not Acceptable) 3250 MARY ST. **SUITE 302** MIAMI, FL 33133 Zip Code City FL 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change . Addition Delete TITI F OLYMPID, RICHARD 6. OLYMPIO, RICHARD G NAME NAME STREET ADDRESS 9250 W. FLAGLER ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 COY-ST-ZP Addition Change ☐ Delete THE TITLE RUMPLASCH, JOHN A. JR. RUMPLASCH, JOHN A JR NAME STREET ADDRESS 1025 BAYSIDE LN STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Addition **X** Change VPD ☐ Delete TITLE FARLS, JOSEPH FARLS, JOSEPH NAME NAME STREET ADDRESS 7603 SW 105 AVE STREET ADDRESS CITY-ST-ZIP* MIAMI, FL 33173-CITY-ST-ZIP -TITLE Change **Addition** Delete TITI F SD WHITE, JEHNIFER NAME FARRELL, DANIEL NAME 1484-A SKEES RD STREET ADDRESS STREET ADDRESS 6175 N.W. 153 ST., #401 W. PALM BEACH, FL 33411 CITY-ST-7IP MIAMI LAKES, FL CITY-ST-ZIP Change Addition TITLE ☐ Delete FONT, ETIENNE 2652 NW 31 AVE **ETIENNE, FONT** NAME 14411 COMMERCE WAY, #440 STREET ADDRESS STREET ADORESS FT. LAUDERDALS FL 33311 MIAMI LAKES, FL 33016 CITY-ST-ZIP CITY-ST-ZIP **Addition** THE Change | Delete DAVIS, BOB 6175 NW 153 ST #401 TITLE NAME NAME STREET ADDRESS STREET ADDRESS FL CITY-ST-ZIP 33014 miami CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. CICHARO 6. OLYMPIO TREASUKER SIGNATURE

FILED