2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90277 008 ****61.25

DOCUMENT # N16988

1. Entity Name
SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RONALD P PONZOLI 3250 MARY ST STE 302 MIAMI, FL 33133	C/O RONALD P PONZOLI 3250 MARY ST STE 302 MIAMI, FL 33133

02122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2646500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PONZOLI, RONALD P. 3250 MARY ST. SUITE 302 MIAMI, FL 33133	Name BUCHHOLZ, JOHN R. Street Address (P.O. Box Number is Not Acceptable) C/O KELLEY, KRONENBERG, GILMARTIN, FICHTEL, & WINDER P.A. 2655 LEJEUNE RD City CORAL GABLES FL Zip Code 33134

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. JOHN R. BUCHHOLZ

SIGNATURE J. R. Buchholz 2.24.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OLYMPIO, RICHARD G 9250 W. FLAGLER ST. MIAMI, FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAYNE, THOMAS 14411 COMMERCE WY # 440 MIAMI LAKES FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUMPLASCH, JOHN A JR 1025 BAYSIDE LN WESTON, FL 33326	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARLS, JOSEPH 7603 SW 105 AVE MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITE, JENNIFER 1486-A SKEES RD WEST PALM BEACH, FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ETIENNE, FONT 14411 COMMERCE WAY, #440 MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, BOB 6175 NW 153 ST #401 HIALEAH, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: R.G. OLYMPIO 3/2/05 305-552-3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #