2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90080 001 ****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

01142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
C/O JOHN R. BUCHHOLZ	C/O JOHN R. BUCHHOLZ
Suite, Apt. #, etc.: 15600 NW 67 AVE #204	Suite, Apt. #, etc.: 15600 NW 67 AVE #204
City & State: MIAMI LAKES FL	City & State: MIAMI LAKES FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

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
BUCHHOLZ, JOHN R KELLEY KRONENBERG GILMARTIN FICHTSL 2655 LEJEUNE RD CORAL GABLES, FL 33134	OR	Name Street Address (P.O. Box Number is Not Acceptable): ~~KELLY KRON~~ 15600 NW 67 AVE SUITE 204 City: MIAMI LAKES FL Zip Code: 33014

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

Filing Fee is $61.25
Due by May 1, 2006

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	D BAYNE, THOMAS 14411 COMMERCE WY #400 MIAMI LAKES, FL 33016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLER, DENISE. 12466 W. ATLANTIC BLVD CORAL SPRINGS FL 33071	☐ 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	SD GREGORY ROSS 10314 GENTLEWOOD FOREST DR BOYNTON BEACH FL 33437	☐ 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	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETIENNE, FONT 14411 COMMERCE WAY, #440 MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVIS, BOB 6175 NW 153 ST #401 HIALEAH, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAURIE FLOOD 105 TROPIC ISLE DR #26 DELRAY BEACH, FL 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAN FARRELL ~~PO~~ 11704 MELALEUCA WAY COOPER CITY FL 33026	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] RICHARD G. OLYMPIO 1-14-2006 954-432-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40003400

DOCUMENT #N16988 CONTINUED

BLOCK # 11

D. ADDITION

RICHARD G. OLYMPIO
1931 NW 86 AVE
PEMBROKE PINES FL 33024