

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 28, 2007
Secretary of State

DOCUMENT# N16988

Entity Name: SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

Current Principal Place of Business:C/O JOHN R. BUCHHOLZ
15600 NW 67 AVE #204
MIAMI LAKES, FL 33014**New Principal Place of Business:**C/O JOHN R. BUCHHOLZ
1320 S DIXIE HIGHWAY SUITE 1180
CORAL GABLES, FL 33146**Current Mailing Address:**C/O JOHN R. BUCHHOLZ
15600 NW 67 AVE #204
MIAMI LAKES, FL 33014**New Mailing Address:**1320 S DIXIE HIGHWAY
SUITE 1180
CORAL GABLES, FL 33146

FEI Number: 59-2646500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BUCHHOLZ, JOHN R
15600 NW 67 AVE
SUITE 204
MIAMI LAKES, FL 33014 US**Name and Address of New Registered Agent:**BUCHHOLZ, JOHN R
1320 S DIXIE HIGHWAY
SUITE 1180
CORAL GABLES, FL 33146 US

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:

09/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: COLLIER, DENISE
Address: 12466 W. ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071Title: TD () Delete
Name: ROSS, GREGORY
Address: 10314 GENTLEWOOD FOREST DR
City-St-Zip: BOYNTON BEACH, FL 33437Title: PD () Delete
Name: LEO, JENNIFER
Address: 1486-A SKEES RD
City-St-Zip: WEST PALM BEACH, FL 33411Title: SD () Delete
Name: SCZEPANIAK, JAMES
Address: 1613 SW 10TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33312Title: VPD () Delete
Name: FLOOD, LAURIE
Address: 105 TROPIC ISLE DR #26
City-St-Zip: DELRAY BEACH, FL 33483Title: D () Delete
Name: FARRELL, DAN
Address: 11704 MELALEUCA WAY
City-St-Zip: COOPER CITY, FL 33026**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD G OLYMPIO

D

09/28/2007

Electronic Signature of Signing Officer or Director

Date