

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047335

FILED
Apr 24, 2012
Secretary of State

Entity Name: RISK & CLAIM LOSS ADJUSTERS, INC.

Current Principal Place of Business:

9102 W. BAY HARBOR DR
APT NO 7DW
BAY HARBOR ISLAND, FL 33154

New Principal Place of Business:

9102 W. BAY HARBOR DR
APT NO 7DW
BAY HARBOR ISLAND, FL 33154 US

Current Mailing Address:

9102 W. BAY HARBOR DR
APT NO 7DW
BAY HARBOR ISLAND, FL 33154

New Mailing Address:

9102 W. BAY HARBOR DR
APT NO 7DW
BAY HARBOR ISLAND, FL 33154 US

FEI Number: 65-1015539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTERO, PEDRO L
9102 W. BAY HARBOR DR
APT NO 7DW
BAY HARBOR ISLAND, FL 33154 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: PSD
Name: QUINTERO, PEDRO L
Address: 9102 W. BAY HARBOR DR
City-St-Zip: BAY HARBOR ISLAND, FL 33154

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: PEDRO L QUINTERO

PSD

04/24/2012

Electronic Signature of Signing Officer or Director

Date