

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90393 027 ***150.00

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1. Entity Name
**SOUTHERN INDEPENDENT INSURANCE ADJUSTERS,
INC.**



Principal Place of Business
8500 NW 185 TERRACE
MIAMI LAKES, FL 33015

Mailing Address
8500 NW 185 TERRACE
MIAMI LAKES, FL 33015

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1026114

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DE LA VEGA, RAUL J
8500 NW 185 TERRACE
MIAMI LAKES, FL 33015

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VTD
NAME DE LA VEGA, RAFAEL A
STREET ADDRESS 8500 NW 185 TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33015

TITLE DP
NAME DE LA VEGA, RAUL J
STREET ADDRESS 8500 NW 185 TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33015

TITLE S
NAME DE LA VEGA, GLADYS C
STREET ADDRESS 8500 NW 185 TERRACE
CITY-ST-ZIP MIAMI LAKES, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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) **(Secretary)**

4/15/04

(305) 362 9409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #