

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096771

FILED
Jan 14, 2008
Secretary of State

Entity Name: CLAIM LOSS CONSULTANTS, INC.

Current Principal Place of Business:

2979 SW 144TH TER
DAVIE, FL 3330

New Principal Place of Business:

2979 SW 144TH TER
DAVIE, FL 33330

Current Mailing Address:

2979 SW 144TH TER
DAVIE, FL 3330

New Mailing Address:

2979 SW 144TH TER
DAVIE, FL 33330

FEI Number: 65-1054308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORDONEZ, GALO R
2979 SW 144TH TER
DAVIE, FL 3330 US

Name and Address of New Registered Agent:

ORDONEZ, GALO R
2979 SW 144TH TER
DAVIE, FL 33330 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:

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ORDONEZ, GALO R
Address: 2979 SW 144TH TER
City-St-Zip: DAVIE, FL 3330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ORDONEZ, GALO R
Address: 2979 SW 144TH TER
City-St-Zip: DAVIE, FL 33330

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALO ORDONEZ

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date