

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084863

1. Entity Name
A.G.P.A. ADJUSTERS, INC.



Principal Place of Business
**240 WORTH AVENUE
PALM BEACH, FL 33480**

Mailing Address
**240 WORTH AVENUE
PALM BEACH, FL 33480**



05172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0636430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, ROLANDO
STREET ADDRESS	4900 S.W. 149 COURT, UNIT C
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	S
NAME	GONZALEZ, KATHLEEN M
STREET ADDRESS	4900 S.W. 149 COURT, UNIT C
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	VP
NAME	ARTILES, JUAN
STREET ADDRESS	4853 S.W. 152 CT., UNIT B
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	T
NAME	ARTILES, CHEYLENE
STREET ADDRESS	4853 S.W. 152 CT., UNIT B
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/23/04-80002-005 150.00

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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: *Cheylen Artiles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04 786-242-6997
Date Daytime Phone