2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# P02000086501

Entity Name: INSURANCE CLAIM SOLUTIONS, INC.

Current Principal Place of Business:

4345 SW 72 AVE
B
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4345 SW 72 AVE
B
MIAMI, FL 33155

New Mailing Address:

FEI Number: 56-2286743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHINEA, HECTOR
3010 SW 96 AVE.
MIAMI, FL 33165 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: PVTS
Name: CHINEA, HECTOR
Address: 3010 SW 96 AVE.
City-St-Zip: MIAMI, FL 33165

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: HECTOR CHINEA VPST 03/01/2011

Electronic Signature of Signing Officer or Director Date