2005 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 02, 2005 8:00 am Secretary of State **DOCUMENT # P02000095586** 09-02-2005 90016 021 ***158.75 **ACTION PUBLIC ADJUSTERS, INC.** Principal Place of Business Mailing Address 13000 SW 120 ST JUUUTIUU 13000 SW 120 ST SUITE, 201 MIAMI, FL 33186 SUITE, 201 MIAMI, FL 33186 US 2. Principal Place of Business 3. Mailing Address 132125, W. 266 Tem 132125. W. 266 TERR Suite, Apt. #, etc. Suite, Apt. #, etc 08302005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For <u>Homestead.</u> Pl Homestecc 04-3715418 Not Applicable DADE Zip Country \$8.75 Additional 5. Certificate of Status Desired DAOE 363 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO, MARC Street Address (P.O. Box Number is Not Acceptable) MARU ROMERO, MARY J 25950 SW 133RD CT MIAMI, FL 33032 132125.W.21010 TERR. Homesteck 8. The above name submits this statement for the purpose of changing its registered office or registered age or both, in the State of Florida. I am familiar with, and accept the obligations SIGNATURE I (NOTE: Registered Agent signature requi DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT. MARY, ROMERO TITLE ☐ Delete ROMERO, MARY J NAME NAME 2125 W 266 TERR tomestead, Fl. 33032 STREET ADDRESS 25959 S.W. 133RD CT. STREET ADDRESS MIAMI, FL 33032 CITY-ST-7IP CITY-ST-7IP ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling abes not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes, I further certify that the information indicated on this report or supplierhental 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 increase of the corporation or the increase of the process of the corporation of the corporation of the corporation of the increase of the corporation of the corporation of the increase of the corporation of the increase of the corporation changed, or on an atte h all other like empowered SIGNATURE: EIOCH OR DIRECTOR

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