


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000128213</b> 1. Entity Name FLORIDA CLAIMS EXPERTS, INC.	
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Principal Place of Business 16155 SW 117 AVE B-17 MIAMI, FL 33177	Mailing Address 16155 SW 117 AVE B-17 MIAMI, FL 33177
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DO NOT WRITE IN THIS SPACE



08042008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0039821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

LOPEZ, ROBERT  
16155 SW 117 AVE B-17  
MIAMI, FL 33177

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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

00000957434  
08/08/08-80008-020 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOPEZ, ROBERT
STREET ADDRESS	16155 SW 117 AVE B-17
CITY-ST-ZIP	MIAMI, FL 33177
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 exemptions contained 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 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:  \_\_\_\_\_

Date: **8-5-08** Daytime Phone #: **305-444-1982**