2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

ANNOAL REPURI					Secretary of State				
DOCUMENT # P0300001325 1. Entity Name AUTO CLAIM SOLUTIONS INC.							4 90303 050 **		
Principal Place of Business Mailing Address					†				
			Mailing Address			14012	501		
22237 COLLINGTON DRIVE		22237 COLLINGTON DRIVE							
BOCA RATON; FL-33428 BOCA RATON; FL-33428				- g .					
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Principal Place of Business 3. Mailing Address									
2. Filliopal riace of business 3. Walling Address						I DAN BURNE BURNE BURNE BURNE BU	IEU BOUL DOLDI HEBOR HUIF W	EL BIMBOL II IBEL	
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	ont # atc		-				
Suite, Apr. #, etc.		Suite, Apt. #, etc.			03312004	Chg-P	CR2E034 (10/0	03)	
City & State City & State					4. FEI Number			Applied For	
Ony a state		Ony a Gialo				005013	31∕ ├	Not Applicable	
Zip Country		Zip	Country	\$9.75 Adultion					
	333,		555.7.17		5. Certificate of	of Status Desired	Fee Req		
•, •	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New i	Registered Agent		
			Name				togiotorou Agoin		
SANTANIE	ELLO, STANLEY								
22237 COLLINGTON DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33428									
								1	
			City				Zio (Code	
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 (NC	TE: Registered Agent signa	rine tedrited	wittin (elnstating)		DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.		ntribution.	\$5 . Add	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.	·	ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECT	ORS IN 11	
TITLE -	P .	Delete	TITLE				Chan	ge 🔲 Addition	
NAME	SANTANIELLO, STANLEY		NAME						
STREET ADDRESS								·	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP						
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NAME	CARAVELLA, DOMINICK		NAME					ï	
STREET ADDRESS	9877 WEST VIEW DRIVE #613								
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP						
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STREET ADDRESS	· ·		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	Legify that the information supplied with	this filling does not qualify f	<u>L</u>	ted in So	ection 119 07/31/0	Florida Statutes	I further certify that #	se information	
12. I hereby certify that the information supplied with this filling 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.									

STOWER SOUTONIEU

SIGNATURE: