

# 2007 FOR PROFIT CORPORATION . ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000023366**

1. Entity Name  
**LEADING PUBLIC ADJUSTER INC.**



Principal Place of Business  
**7392 NW 35 TERRACE, STE 307  
MIAMI, FL 33122**

Mailing Address  
**7392 NW 35 TERRACE, STE 307  
MIAMI, FL 33122**

**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-4240411**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**IRIARTE, JULIO R  
20001 NW 78 CT  
MIAMI, FL 33015**

**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

*Man O. Machado*

(NOTE: Registered Agent signature required when reinstating)

**4/13/07**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**000000723213  
05/02/07-80062-017 150.00**

10. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | P                |
| NAME           | IRIARTE, JULIO R |
| STREET ADDRESS | 20001 NW 78 CT   |
| CITY-ST-ZIP    | MIAMI, FL 33015  |
| TITLE          | V                |
| NAME           | IRIARTE, PEDRO E |
| STREET ADDRESS | 20001 NW 78 CT   |
| CITY-ST-ZIP    | MIAMI, FL 33015  |
| 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 an officer like empowered.

SIGNATURE:

*Man O. Machado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/07**  
Date

Daytime Phone #