


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90026 050 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 3553 N.W. 79 AVENUE		3. Mailing Address 3553 N.W. 79 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 13-4240411	
Zip 33122		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> -\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRIARTE, JULIO R 20001 NW 78 CT MIAMI, FL 33015			7. Name and Address of New Registered Agent Name IRIARTE, JULIO R Street Address (P.O. Box Number is Not Acceptable) 2075 IXORA ROAD City MIAMI FL 33181		
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 <u><i>Julio R Iriarte</i></u> DATE <u>03/06/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IRIARTE, JULIO R 20001 NW 78 CT MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IRIARTE, JULIO R 2075 IXORA ROAD MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V IRIARTE, PEDRO E 20001 NW 78 CT MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V IRIARTE, PEDRO E. 335 S. BISCAYNE BLVD #2808 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 <u><i>Julio R Iriarte</i></u>			DATE <u>03/06/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

40047351



03052008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

03/06/08